MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) retained for your files.

2 with the registrar prior to If any delay is nece the funeral director. 16 d. NAME OF HOSPITAL Mason Roa NAME OF DECEASED 2, and 3 to the funeral (Type or print) 5. SEX male 10a. USUAL OCCUPATION during most of working li ve Pages 1, 2, and Page 5 may be r after puo Retired 20 13. FATHER'S NAME within 24 flours podes William 15. WAS DECEASED EVER Give iting the ward "pending" in pencil in Item 18. Gif Medical Examiner's Office along with farm PM3.

Page 3 should be used as a burial-transit, permit. 18. CAUSE OF DEATH mertificate should be executed PART I. DEATH Y Conditions, if ony, gave rise to immediat (o), stating the und couse lost. PART II. OTHER CERTIFICATION 200. EXTERNAL CAUSE PRIMARY | or CONTRICAUSE OF DEATH. AIMINER: This cute the certifical criting the ward 'forwarded to the Crief Medical Examinator FuneRAL DIRECTOR: Page 3 should MEDICAL 20c, TIME OF INJURY Hour o, m, p. m. 21. I certify that death resulted from 2 ACTUAL SIGNATURE removal. DEPUTY **EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SI - A15ME(5) Lee Silco

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erland		Washington /5x							
	in hospital, give street address)	d. STREET ADDRESS 4003-64t		o. IS RESIDENCE ON A FARM? YES NO					
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	s Rollin	Adams	DEATH	May	2	8 19 56			
COLOR OR RACE 7.	MARRIED NEVER MARRIED . 8.	DATE OF BIRTH		9. AGE (In years fost birthday)	The second liverage of	IF UNDER 24 HRS.			
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Give kind of work done e, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stot	e or foreign o	country)	12. CITIZEN O	WHAT COUNTRY?			
	notorman	Little	Orlea	ns, Md.	U.S	.A.			
		14. MOTHER'S MAIDEN	NAME						
Edgar Adams Denevara McCune									
N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address									
or, give wor or unier or service	578-10-6559(1	vife) Flor	ence	M. Adams	.Wash.D	.C.			
Enter only one cause p	er line for (a), (b), and (c).]				INTE	VAL BETWEEN			
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Couse	Coronary sc.								
erlying DOE 10									
SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)				
						PERFORMED?			
WAS BUTING 20b. DI	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	ort I or Port II	of item 18.)					
Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC While Not while al work	CE OF INJURY (Home, for ary, street, office bidg., et	m, 20f. (City	or town)	(County)	(State)			
I took charge of	the remains described above	ve, held an Autop	sy , li	nspection 📑	Inquiry 3	, and find that			
	ses 🔻, Accident 🔲, Suid		-	ndetermined c					
LV. Dur	many M. D.	M.D. CHIEF MEDICAL I	EXAMINER			DATE SIGNED			
	~	ASSISTANT MEDI							
V.Deming	M.D.	DEPUTY MEDICAL	EXAMINER [Fliay 29	-1956				
22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, lown, o	or county)	(State)			
May 31, 195	6 Hillcrest Bur		Cumb	perland, l	Maryland				
x, Cumberla	nd, Maryland.	DATE	44/56	Hen	tenk In	anto			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY M g. STATE b. COUNTY MARYLAND Allegant ATTOCONY b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town! Lonaconina vrs. Lonaconing 0 oy is nec d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? Main St. Main St. files. YES NO registrar NAME OF First Middle 4. DATE YOUR Manth Day Year funeral DECEASED Odilo (Type or print) DEATH Baumann 19 May 56 The h 5. SEX 6. COLOR OR RACE 7. MARRIED 2 with the NEVER MARRIED [7] 8, DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Min. white Male WIDOWED IT DIVORCED T 3 to Yes. 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pub Tavern Pe Restaurant 0 Longconing . Md ci 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Joseph Baumann Amelia Kimble 40 Page IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (wife) Baumann, Lonaconing INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: occlusion sudden Coronary IMMEDIATE CAUSE (a) 4420. along with fa burial-transit DUE TO Coronary sclerosis Conditions, if ony, which pencil gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY OS PERFORMED? used YES T NO 和 ner's 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc. g. m. While Nat while of work p. m. at work 9 21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection 34 Inquiry 18, and find that arwarded to the Uniet FUNERAL DIRECTOR: death resulted from: _Natural_causes 7 Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL numa CHIEF MEDICAL EXAMINER certifi SIGNATURE ASSISTANT MEDICAL EXAMINER removal **EXAMINER'S** cute the DEPUTY MEDICAL EXAMINER 1977 NAME (Type) V.Deming 37-1956 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 6/2/1956 0 Oak Hill Ceme tery Lonaconing. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits 4588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Allegany a. STATE b. COUNTY Md. Allegany MARYLAND buriet, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) M Cumberland Cumberland 69 Years 0 d. STREET ADDRESS Southern Hotel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE prior ON A FARM? Marvland Ave. YES NO T W. Mechanic St. registrar NAME OF First Middle Lost 4. DATE Year DECEASED 90 Gladden Bolinger (Type or print) Marry DEATH Mav 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE Ille years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months 2 with the Hours AAin. Days DIVORCED male WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? gud employed Sharpsburg. Md. U.S.A. Photographer 90 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may is i Pages 1, age 5 ma 24 haurs John Bolinger poges Jane Shaw Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (if yes, give wor or dotes of service) Give None Mary Bolinger, Cumberland, Md. 531 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion sudden IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerosis Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 50 PERFORMED? pending used NO PR 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Exami shauld ward Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20f. (City or town) (County) Factory, street, affice bldg., etc.) While Not while et work at work p. m. 6u 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry [3], and find that DIRECTOR: death resulted from: Natural causes 🖹, Accident 🗍, Suicide 🧻, Homicide 🧻, Undetermined cause **BATE SIGNED** someng Mah ACTUAL CHIEF MEDICAL EXAMINER farwarded to FUNERAL ASSISTANT MEDICAL EXAMINER H. V. Deming M.D. DEPUTY MEDICAL EXAMINER 1 12-1956 cute the NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

Greenmount Cemetery

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Cumberland, Maryland Hafer.

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24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Maryland

Cumberland

BUREAU V. E.

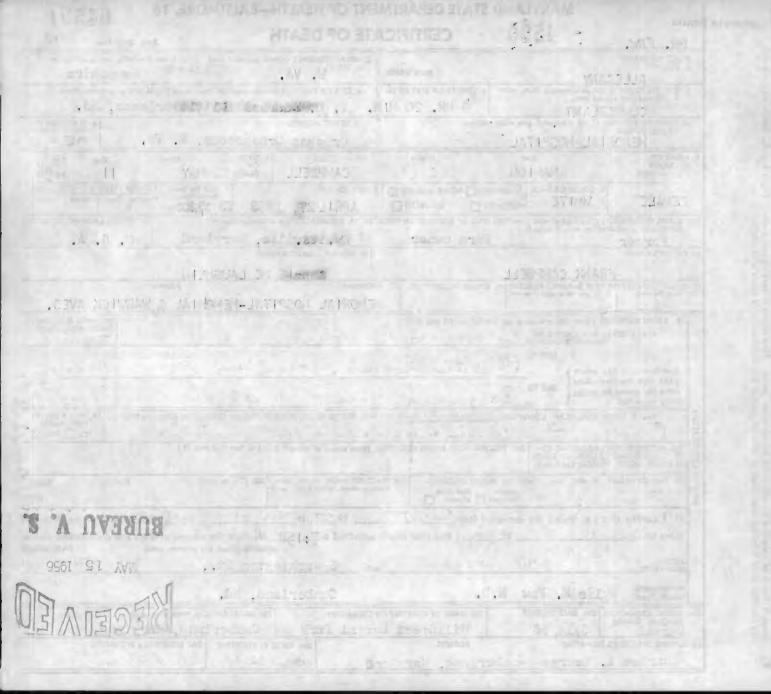
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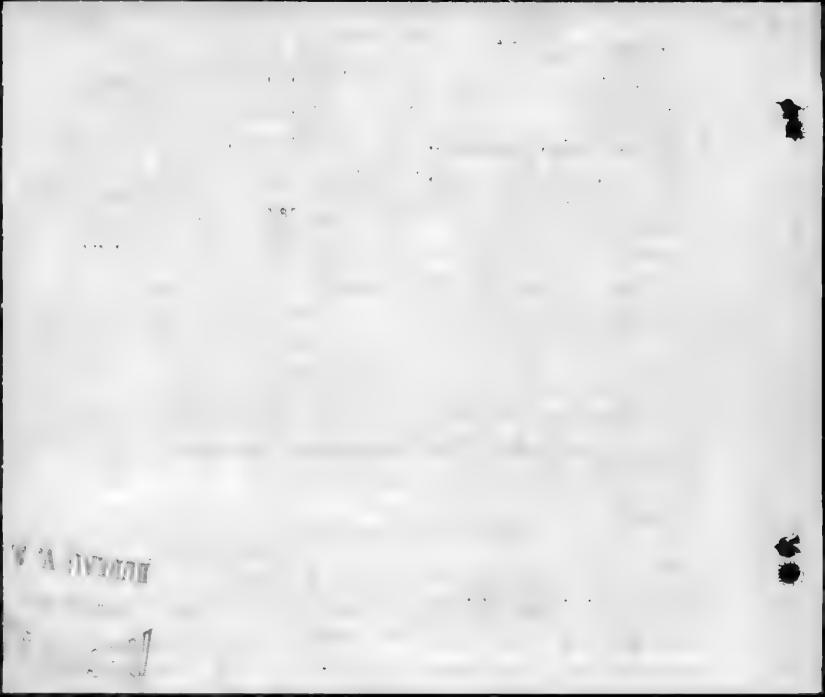
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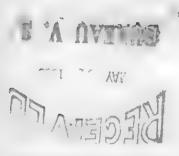
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21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE	# \$ ± 4	2								lity or town)		(County)		(State)
death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER [] NAME (Type) H. V. Deming M. D. DEPUTY MEDICAL EXAMINER [] 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	4 di 6 di	MEG				e rani assure								
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI	Pog Pog		21. I certify	that I took char	ge of the	remains described o	abov	re, held an At	utopsy 🔲,	Inspection	≯.	Inquiry	水, and	find that
SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) II. V. Deming M.D. DEPUTY MEDICAL EXAMINER III. II. III. III. III. III. III. III	i di		death result	ed from: Nature	ol causes 🖺	, Accident .	Suic	ide 🔲, Hom	nicide [],	Undetermin-	ed co	ouse 🔲.		
SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER 1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	5				-	toda godinantinosta.								
ASSISTANT MEDICAL EXAMINER EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER 10 10 10 10 10 10 10 10 10 10 10 10 10	5 × 5		ACTUAL SIGNATURE	17.V.L	Emin	- MA D.		M.D. CHIEF MEDI	CAL EXAMINER				DATE	SIGNED
NAME (Type) 11. V. Deming M.D. DEPUTY MEDICAL EXAMINER 1 10. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				~	/-		ASSISTANT	MEDICAL EXAM!	NER 🔲				
220. Burial, Cremation, 22b. Date thereof 22c. Name of cemetery or crematory 22d. Location (City, town, or county) (Stoie) Burial May 22, 1956 Abe Cemetery near Ridgeley, West Virginia. 23. Funeral Director's Signature Address 24b. Registrar 24b. Registrar's Signature	T d g g b		EXAMINER'S NAME (Type)	H.V.Demin	ng M.I) .		DEPUTY MEI	DICAL EXAMINE	May Hav	10	-1956		
P 20 Removat Specify May 22, 1956 Abe Cemetery near Ridgeley, West Virginia. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	m o 3 D c	22	o. BURIAL CREMA	TION, 226. DATE THE	REOF	22c. NAME OF CEMETERY	OR (CREMATORY	22d. LO				o12}	ie]
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	5 2 5 5		KEWOANT (2bec	ity] [[Abe Cemeter	.A.		nea	r Ridge	ley.	. West	Virgi	nia.
VS. AISME(S) John J. Hafer, Cumberland, Maryland. John J. Hafer, Cumberland, Maryland.		23					47	240						
	V5. A15ME(5) 5M 9/55		John J. I	Hafer. Cumb	erland.	Maryland.		6	341110	19.56 7	11.	Fran	方	ML

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SIVUL YAM

ithil corporate	lier	nty M	ARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8 04500
		4	595	CERTIFIC	ATE OF DEATH		04599 Reg. Dist. No.
Page 4		PLACE OF BEATH COUNTY ALLEGANY		MARYLAND	2 USUAL RESIDENCE (Who o. STATE MARYLAND	b COUNTY	on Residence before admission) ALLEGANY
be F		b. CITY OR TOWN (If autside corpo RURAL and give nearest town)	orate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write R	(URAL and give nearest town)
E B	L	CUMPERI AN	p	16 DAYS	LONACONIN	IG	
d 2 sh		d. NAME OF HOSPITAL (IF not in h OR INSTITUTION MEMORIAL	HOSPITAL	ddress)	d. STREET ADDRESS CASTLE H	LL	e. 15 RESIDENCE ON A FARM? YES NO
n 24 lla filled in jes 1 an		NAME OF DECEASED (Type or print) GEORGE	First	Middle J.	DONALD	4. DATE Mor OF DEATH MAY	31 1956
Pog P	5.	EX 6. COLOR O	-7.11	ED NEVER MARRIED	8. DATE OF BIRTH 18	Lost hirthdowl	Months Doys Hours Min
mplel mples.	10	MALE WHIT		44	APRIL 22, XP9		
and con an pap death.		. USUAL OCCUPATION (Give kind during most of working life, even Retired Miner	if retired) Cos	l Mines	FROSTBURG	, MD,	U.S.A.
carb offer	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
physical physical physical physical physical phours	15.	JOHN DONALD WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. S	OCIAL SECURITY NO. 17	CATHER I N	E HINEBAUGH	ress
certi g pt rem rem 72 hc			r dates of service)		MEMORIAL HOS		ERLAND, MD.
death ce thending please re within 72		18 CAUSE OF DEATH [Enter on	ly one couse per lin	e.feit (a), (b), and (c),]	MENON HE TIO.	NITIAL COMO	INTERVAL BETWEEN
The atte		PART 1. DEATH WAS CAU IMMEDIATE	SED BY:	mpho	rtich en	kenin	ONIET AND DEATH
ğ Ş'ï Ş		Canditions, if any, which)	(b)	J			Mostk
an uires an signed it permi		gave rise to immediate casse (a), stating the <u>underlying</u> cause lost.	DUE TO				
lom I	<u>S</u>	PART II. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUT NG TO DEATH BU	NOT RELATED TO THE SERMIN	NAL DISEASE CONDITION GIV	PERFORMED?
The physical movement	FICAL	Loronor	yur	Cry Nis	rease. Us	Postinte	entition YES NO
fending ficate ficate the bu	CERT	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	(DEATH MINER)		D. (Enter nature of injury in P		
al or of his cert use as emotion	MEDICAL	20c. TIME OF INJURY Month, [Havr a.m. p. m.	While	JURY OCCURRED 20e. Pl Not while fo	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f (City ar town)	(Caunty) (Sto
Spiral Spiral Control of Formal Control of Forma		21. I certify that Lattend	led the decease	d from 5115	r , 19.56 to :	515/195	5,that I last saw the deced
oche ovrid		alive on 5 1 7 5	192	6, and that deat	occurred at 8 A	M, from the causes o	and on the date stated abo
be detrior to b		ACTUAL SIGNATURE	Wil	liams	M.D. Qui	ADDRESS (Street, city or tawn, where the read of the street, and the street, a	my 5.31.2
reto reto should stror pr		PHYSICIAN'S NAME (Type) DR. W.F.	WILLIAMS		1 = 4		
og Series	220	BURIAL, CREMATION, 226. DATE	THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town,	,,
O O O O		Burial June	3, 1956	Philos Cemer		Westernport	
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE	UV.	ADDRESS	71.1	1.00 7111	STRAR'S SIGNATURE
15M 9/55	-	seonge an	morn	frmans	many MOTATE VI	ne/1,14261 MX	Trang, III D.
					0	/	0

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04600

4658

Reg. Dist. No.

N	1. PLACE OF DEATH o. COUNTY					. USUAL RESI	DENCE (Wh	ere decease			Residenc	e before	odmissioi	n)
	u. COOI411	Allegany		MARYL	AND	o. STATE	aryla:	nd	ь. С	YTAUC	A110	gany	7	
	b. CITY OR TOWN (If RURAL and give new	outside corporate limi prest lown) umberland.		c. LENGTH OF STAY II	N 1b	E. CITY OR	232		orote limits,		_	rve neare	st town)	
1		AL (If not in hospital, g				d. STREET A							IS RESID	ENCE
	OK III ST. TO TIGHT	Eastman R	oad.	M-24		East	man Ro	oad .	M-24				YES 🗍	
	3. NAME OF	Fir	27	Middle		tas	1	4. DATE		Month		Day	Ye	or
	(Type or print)	SA	RAH	VIRGIA	NIA	ECKA	3D	OF DEATH	ı	Mav		11.	19	56
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		DATE OF BIRT	+		9. AGE (In	years 1	FUNDER			
	Female	White	WIDOWE	D DIVORCED		Tune 6,	1871			yrs.	Months	Days	Hours	Min
	100. USUAL OCCUPATIO	N (Give kind of work a	dane 10b. I	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPL	ACE (Stote	or foreign o	country)		12. CITI	ZEN OF	WHAT C	OUNTRY?
1	llousewife		'	Own home		Peter	rsbur	g. W.	Va.		J	J. S.	,	
	13. FATHER'S NAME					14. MOTHER'S								
		? Wolf	ord			Un	obtair	able						
n l	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. INF	ORMANT				Addres	15			
<i>[</i>]	No.			None	Mrs.	Orvil:	le Blu	abaugh	n Rt.	# 2	Cumbe	erlar	nd, k	ld.
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e far (a), (b), and (c)-}								INTER	VAL BETV	YEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	}	Marc	221	ex						ONSE	ANDD	Z S
	4322	DUE TO				711								
	Conditions, if on		, 62	hrowie	: 7	My	tan	de	les.			5	rys	2,
	gaye rise to in casse (a), stating t	smediate (600							1	
	lying cause lost.	(c)											
	PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITIO	ON GIVE	IN PART	1(0) 19.	WAS AU	TOPSY AE D?
	3												res 🔲 i	
	200. ACCIDENT WAS	CAUSE OF DEATH	20Ь. DE\$C	RIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in P	art I ar Po	rt II of item	18.)				
		MEDICAL EXAMINER)												
	20c. TIME OF INJURY Hour o. m.	Month, Day, Yes	20d, IN White	UURY OCCURRED Not while	20e. PLAC facta	E OF INJURY (i	Home, farm. bldg., etc.	. 20f. (Cit	y or lawn)		(C	ounty)		(State)
	¥ p. m.	19	ot work											
	21. I certify the	at I attended the	decease	d from	-1-	, 19.57	10 77	cay.	<i>!!</i> ,, 1	955	that I le	ast saw	the d	eceased
	alive on 7	lay 1	19 <u>.5</u>	and that a	death c	ccurred at	3:15/	M, from	m the ca	uses on	d an th	e date	stated	above.
		60	8	L	-			ADDRESS (S	itreet, city o	town, st	ote)	~	PATI	SIGNED
ĝ.	SIGNATURE	cery	e · ¿	>	ZM.	D. 236	Virg:	inia /	lve.				////	28
	PHYSICIAN'S	01 E D.		- 1/ D			. 4	. 37						
	NAME (Type)	Clay E. Du					berlar	id, Mo	l.					
	220. BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMET	TERY OR	REMATORY		22d. LOCA	TION (City,	town, or			(Stote)	
	Burial	5/13/56		Hillcres	+ Bu	rial Pa			berlar		Hary			
	23. FUNERAL DIRECTOR'S	_	·1.	ADDRESS			245. REC'I	D BY REGIS	TRAR 24	REGIST	RAR'S SIG	NATURE		λ
	H. Wayne	George (umbei	rland, Md.			MURY	12,19	J614	K.	the	uk.	101.0	20.
							/					0		

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MARION TO THE

COTPORA		MARYLAND ST. 4596		NENT OF HEALTH ATE OF DEATH	I—BALTIMORE, 18 I	04601
mi.		PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN	are described threat 16 leastly tree. Per	
100		RURAL and give nearest town)	ENGTH OF STAY IN TH		ulside corporate limits, write RURAL o	and give nearest town)
	-	d. NAME OF HOSPITAL (If not in hospital, give street oddre	8 DAYS	d. STREET ADDRESS	ND	e. IS RESIDENCE
60		OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL	Atam	10 PENNSYL	VANIA AVF.	ON A FARM?
		NAME OF First DECEASED (Type or print) MR . JAMES	Middle J.	E IRICH	4. DATE Month OF DEATH MAY	24 19 56
		SEX 6. COLOR OR RACE 7. MARRIED WINDOWED	DIVORCED [JAN. 30	PARE lost by thoday Mont	DER TYEAR IF UNDER 24 HI
death.			of Business or INDU	MARYLAND	Cumberland.	U.S.A.
irs offer	M	FATHER'S NAME MARTIN EIRICH		14. MOTHER'S MAIDEN N		
I hours		s, no, or unknown) (If yes, give war or dates of service)	=05=3591	MEMORIAL HOS	Address SPITAL, CUMBERLAN	D, MD.
remayal, and in any event w	RIFICATION		Verosi.		Ty Embol: to Pranso, mits NAL DISEASE CONDITION GIVEN IN	4 440-11-102
emation, or	MEDICAL CERTI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. White	r OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (Sto
prior to burial, cr		21. I certify that I attended the deceased for alive an 2 4 70 1950 ACTUAL SIGNATURE W. H. V. A. C.	, and that death	n occurred at 8:28	2 4 mg, 1956 tha PM, fram the causes and a ADDRESS (Street, city or town, stole)	t I last saw the decedent the date stated about DATE SIG
the registrar	<u>B</u> 1	REMOVAL (Specify) 5-28-56 S FUNERAL DIRECTOR'S SIGNATURE	NAME OF CEMETERY O t. Peter & ADDRESS erland, Id	Paul Cem	22d. LOCATION (City, town, or coun Cumberland, i. Co D BY REGISTRAR 24b. REGISTRARY	
(4) is .		2 Story Ch	the desired by the	- Vonticly	28,1958 71.4.	Trank, M.

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JOS V LELEN V LOLL

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HOSPITAL

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1
orporate k	DR. WHITWORTH 4598 CERTIFICATE OF DEATH Reg. Dist. No.	Z
2.	1 PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institutran: Residence before admission) a STATE MARYLAND LEGANY ALLEGANY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and pive nearest lown) CUMBERLAND LROSTH OF STAY IN 15 CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND COMBERLAND COMB	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUMENTAL HOSPITAL OR INSTRUMENTAL HOSPITAL RT. #5, POTOMAC PARK, RXX VES NO	
	3. NAME OF DECEASED BABY BOY FILES Lost 4. DATE Month Day Year OF DEATH MAY 25 19 56	í S
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH MALE WHITE WIDOWED DIVORCED MAY 25, 1956 9. AGE (In years F UNDER 1 YEAR F UNDER 24 HI Months Days Hours Min Yes.	RS.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY
	13. FATHER'S NAME WALTER F. FILES NORMA G. ROBINETTE	
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT MEMORIAL HOSPITAL - CUMBERLAND, MD.	
	Conditions, if ony, which gave rise to immediate cottse (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINES]	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) While Not while at work at work at work	te)
	21. I certify that I attended the deceased from	356
	alive on, 19, and that death occurred at 1:10A M, from the causes and on the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIG	ΟV
	alive on, 19, and that death occurred at 1:10A.M., from the causes and on the date stated about ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Fullon B. Whitworth, M.D.	OV
	alive on	OV



BUREAU V. S.

TO HOSPITAL OR

YS A1S (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

F. Cor. :111, C ' erla.',

DARDE

	Within corpo	orate limits	4599	CERTIFIC	CATE OF	DEATH			Reg. Dist		hon
	LACE OF DEATH	llegany		MARYLAN	IL A STATE	sidence (who		ved. If institute b. COUNTY		e before od:	nission)
1	RURAL and give nec	outside corporate limit arest town)		IGTH OF STAY IN II		herl		e limits, write Rt	JRAL and gr	ve nearest to	own)
(AL (If not in hospital, gi			11	TADDRESS THOME	s Str	eet		10	RESIDENCE N A FARM?
- 1	AAME OF DECEASED Type or print)	Anna Anna	Fr: no	Middle		lost	4. DATE OF DEATH	Moni 5	h	Doy	Year
	emale	6. COLOR OR RACE White	WIDOWED 5	DIVORCED 🔲	Mar.	6,1875		lost birthday)		YEAR IF UP Days Hou	NDER 24 HRS.
	IOUS C	N (Give kind of work ding life, even if setired) Wife		F BUSINESS OR IN	Co	hity G	lw ,		12 Citi2	TEN OF WH	IAT COUNTRY
13.	father's name lichs	el Hayes			14. MOTHE	r's maiden na Mat'					
15. Yes	WAS DECEASED EVER	IN U.S. ARMED FORG If you, give wor or doles of se MOMO	res? 16. social		Mrs.	Poorl	Ardro	Addn S, Cum		nd,	MA Gr
	PART 1. DEAT	TH (Enter only one country was Caused BY: IMMEDIATE CAUSE (a) DUE TO		1), (b), and (c).] R	east f	aî lu	ı			INTERVAL ONSEL AL	BETWEEN ND DEATH untle
	Conditions, if on gave rise to im cottle (a), stating the lying couse last.	he under-		mlies	tis les	it ol)	repo e			121	<u>- 0 ~</u>
CATION		ER SIGNIFICANT CON		EUTING TO DEATH E	OUT NOT RELATED	TO THE TERMIN	IAL DISEASE C	ONDITION GIVE	EN IN PART	PER	AS AUTOPSY REORMED?
CERT	20d. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESCRIBE H	OW INJURY OCCUP	RED (Enter nature	of injury in Pa	ort I or Port II	of item 18)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea		at while	PLACE OF INJUR' foctory, street, of	Y (Home, form, fice bldg., etc.)	20f. (City or	town)	(Co	ounly]	(Stote)
	21. I certify the alive on	at I attended the		m <u>4-3</u> , and that dec	nth accurred a	st_///	M, from t	the causes and city or town, s	nd an the	ast saw the date sta	ne deceased ated above pare signed
220	NAME (Type) BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREO	F 22c. N	NAME OF CEMETERY		tery 2	zd. locatio	N (City, town, o			tole)

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DATE May 11,1956 W. R. Drank



OBJULIAN MANAGE







March V. E.







Hill Cemetery

04608

e IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSEL AND DEATH

PERFORMED? YES NO P

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES T NO T

Yeor

1956

Min.

GRANT

Day

Days

(County)

U.S.A.

REMOVAL (Specify) May 13. 1956 Maple 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Schaeffer Funeral Home, Petersburg, W. Va.

Petersburg, West Virginia 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

0 VS A1II (4) 15M 9/5S

TO A DESCRIPTION OF THE PARTY O

ADDRESS

Cumberland.

Md.

24a, REC'D BY REGISTRAR

ON A FARM?

Year

19 56

PERFORMED?

(Stote)

24b. REGISTRAR'S SIGNATURE

(Stole)

15M 9/5S

23 FUNERAL DIRECTOR'S SIGNATURE

Charles L. George

AUREAU V. S.

BEGEINATA



BRUEVO A. S.

Cumperland

ivid.

VS A15 (4) 15M 9/55

BUILDING A' S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate times. 0461 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY A11egany Mary1and Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) umberland. Cumberland. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
607 Sed ewick St. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 607 Sedgewick St. YES NO N NAME OF First Middle 4. DATE Month Day Year DECEASED THERESA FRANCES HESKETT DEATH 19 56 May (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Female White DIVORCED | WIDOWED | March 9. 1895 61 100 USUAL OCCUPATION (Give kind of wark done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife U.S. Own home Turners Falls. Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dennis J. O'Leary Lucy Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Charles Z. Heskett Sedgewick St., Cumb. Md. No 607 one 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (6) event DUE TO permit. Conditions, if any, which gove rise to immediate **DUE TO** cotise (a), stating the underlying couse lost. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) D. (F). Not while of work at wark 21. I certify that I attended the deceased from 20 August 1952, to 17 May 19 56 that I last saw the deceased __, and that death accurred at 6:30A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) En Cornes ACTUAL prior pe 122 So. Centre St. SIGNATURE JERAL 3 PHYSICIAN'S W. A. VanOrmer Cumberland, Md. M. D. NAME [Type] FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 5/19/56 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county)

Philos Cemetery

VS A1S (4)

23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumberland, Md. 24s. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

Westernport. Maryland

(State)

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S'A CLEME

YAN.

37-336



Poge 4

hat director, be filed with

may be reto by After this certificate has been signed by the attending physician and completely filled in by the tapes 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 haury ofter death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04614

AROR

CERTIFICATE OF DEATH

1	20	J U						Reg. D	ist. No		. 7
1.	PLACE OF DEATH a. COUNTY			2 !	USUAL RESIDENCE (Who	ere decease		n: Reside	nce befa	re odmis	sion)
	ALLEGANY		MARYLAND		MARYLAN	D _	b COUNTY	ALL	EGAN	Υ	
ı	 CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town) 	vrite c.	LENGTH OF STAY IN 15		E. CITY OR TOWN (IF of			JRAL and	give ne	arest tow	n)
	RURAL and give negrest town) CUMBERLAND		1 DAY		ne ar CUMB	ERLAN	, rural				
	d. NAME OF HOSPITALIZATION OR INSTITUTION MEMORIAL & WARWI	SPITA CK AV	性) /ES		M-24 , I	EASTMA	N ROAD			ON /	SIDENCE A FARM? NO-
3	NAME OF First DECEASED		Middle		last	4. DATE	Mont	th	De	γ	Yeor
L	(Type or print) GRA	YSON	ODELL	HO	USEHOLDER	OF DEATH	M	AY	- 1	2	19 56
5	SEX 6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		ATE OF BIRTH 190		9 AGE (In years last birthday)				ER 24 HRS.
		DOWED [SEPT. 3, 196) l ya.	Months	Days	Hours	Min.
10	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIN	D OF BUSINESS OR INDE	JSTRY		ar foreign co	ountry)	-	and accord on	F WHA	COUNTRY
L	C. r.sen	R	ailroad		W.VA.				JCA		
13). FATHER'S NAME			14	MOTHER'S MAIDEN N	AME					
L	JAMES G. HOUSE	HOLDE			SALOMA PI	EER					
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES?				MANT		Addr				
	yes V Air Force			7:	rv 0. 400:	echol	$\mathrm{der},\mathrm{Grr})$	ber.	L: nc	9 "	ď.
Г	18. CAUSE OF DEATH [Enter only one couse	per inade	or (a), (b), and (c)]		11:	11.1	/ 1/		INT	ET AND	TWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	///	Note	مرية	zolen.	17	a lu	4		4	lus
	14 do d DUE TO	1	. //		1111	-	1-4			,	1 ~
	Conditions, if any, which) (b)	1/2	Ryma		11 hours	-ar	dele			1	<u> </u>
П	gave rise to immediate cause (a), stating the under-				1	_				/ _	
١,	lying cause last.) (c)				/						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	ои <u>з сой</u>	TRIBUTING TO DEATH BU	TONT	RELATED TO THE TERMIN	NAL DISEASI	CONDITION GIVI	EN IN PAI	(o) T	9. WAS PERFO YES	RMED?
		. DESCRIB	E HOW INJURY OCCURR	ED. (En	iter nature of injury in P	art I or Part	11 of item 18.)				
MEDICAL	Haur a. m. 19 of	20d. INJUI While at work [Not while fo	LACE (OF INJURY !Home, farm, street, office bldg., etc.]	20f. [City	ar town)	(County)		(State)
ı	21. I certify that / attended the de	Ceased	from 15/11/	510	, 19to:2	1/12	15:6, 19	that I	last se	nu tha	doceated
	in the 111	19	and that death	h occ	urred at 8:20		the course of	nd on t	ha da	te stat	deceused
ı	11111111	1/	75			ADDRESS (SI	reet, city or town, t	itale)	/		AJÉ SIGNED
	ACTUAL SIGNATURE	1/4	bund	M.D	(un	HEZ	1 -	رمىر		51	13156
	PHYSICIAN'S NAME (Type)	111	12745		(vm	be	v/2	21(1	/	KI	1.
2	BURIAL, CREMATION, 226. DATE THEREOF	22	C. NAME OF CEMETERY C	OR CRE	MATORY	22d LOCAT	ION (City, tawn, a	r county)	7 7	(Stal	e)
	REMOVAL Specify) (172715, 1.	56	Bartist 0	٥	tery	امد دون			g . V.	. Va	
23	Tomos H . C. P. elli	Carmi	ADDRESS	4		BY REGIST			GNATU	15	
	TEMPER OF PILL	1 . 7 . 1 . 1 . 1	3 Por Fill - will		-M		2 / /	$\alpha \sim A$			7/7

moy be reto TO HOSPITAL VS A15 (4) 1SM 9/SS 3 Milliam

ITTINDING IHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPIAL

VS A15 (4) 15M 9/55

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oth: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4647 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY	egany		MARY	LAND	2. USUAL RESID	ence (wh	nd	l lived. If institut b COUNTY				sion)
B CITY OR TOWN (III	orest town)	is, write	c. LENGTH OF STAY	IN 1b		OWN (IF or		rate limits, write	RURAL and (give nea	irest towi	n}
d. NAME OF HOSPIT. OR INSTITUTION	At (If not in hospital, g	pive street pita	address) 1		d. STREET A	ODRESS						SIDENCE LEARM?
3 NAME OF DECEASED (Type or print)	JOHN Fir	'sł	FRANC IS		HUGHES		4. DATE OF DEATH	5/18	195	6 Da	•	Year 19
s sex Male	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIE	_	10/1/3	874		9. AGE (In years loss birthdoy) yrs	Months	1 YEAR Days	Hours	ER 24 HRS Min
	N (Give kind of wark ing life, even if refired	done 10b.	KIND OF BUSINESS O	R INDUS	Ir	elan	d	untry)		Se.		COUNTRY
13. FATHER'S NAME	72. 33				14. MOTHER'S							
	Hughes	!-				y An	n Wi					
(Yes, no, or unknown) NO	t IN U. S. ARMED FOR 11 yes, give wor or dates of s	CES? 16.	17-05-660		FORMANT	ie W	le Gow	an Hugh	iress			
Conditions, if or gave rise to in couse (a), stating the lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which nmediate the under- (c)	T	ne for (o), (b), and (c).	ti cul	litis	and,				ONS / (QUS.
3			ONTRIBUTING TO DEA						VEN IN PART	T 1(o) 15	PERFO	AUTOPSY PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	TRIBE HOW INJURY OF	CCURRED	. (Enter nature of	injury in Po	ort I or Port	II of item 18.)				
20c. TIME OF INJURY Have a. gr. p. m.	Month, Day, Yea	While	Not while of work	20e. PLA foct	CE OF INJURY (Harry, street, affice	ome, farm, bldg., etc.)	20f. (City	or town]	(0	County)		(Stote)
21. I certify the	at I attended the	decease	ed fram 5-	9	, 1956	, ta	5-18	19.57	a,that Li	ast sa	w the	decease
alive an	5-18	, 12.5	Se and that									
ACTUAL SIGNATURE	slin R.	Mi	les de		1.D. 20			eet, city or town,				ATE SIGNED
PHYSICIAN'S NAME (Type)	Leslie R.	Mile	s,Jr.,M.D.	-10				Ø.				
220. BURIAL, CREMATION REMOVAL (Specify) BUIL 181	5/21/1		St. Mic					ostburg	* *	•	(State	e)
23. FUNERAL DIRECTOR'S George E:	SIGNATURE	Lone	ADDRESS Coning.	MD.			BY REGISTI	AR 24b. REG	STRAR'S SIG		E 1/	D -

BUREAU V. S.

ocel (... YA.

MARSENA

15M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF

June 3

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

William H. Kight, Cumberland, Maryland.

ADDRESS

1956

22c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

Lonaconing, Maryland Dia, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

22d, LOCATION (City, tawn, or caunty)

a. IS RESIDENCE

30

(County)

U. S. A.

INTERVAL BETWEEN ONSET AND DEAT

> WAS AUTOPSY PERFORMED? YES NO I

> > (Stote)

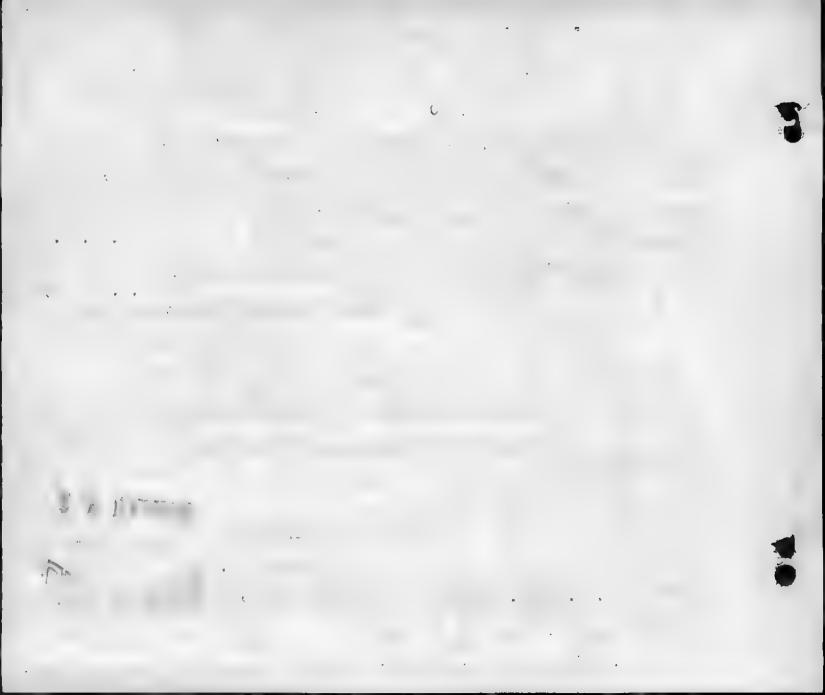
DATE SIGNED

(State)

YES NO P

19

56



COTPORETE	1 4000	CATE OF DEATH Bacterian CATE OF DEATH	04011
1.	PLACE OF DEATH O. COUNTY Allegany MARYLAN	2 USUAL RESIDENCE (Where deceased lived 11 institution, Residuce of STATE	Dist. No. Jence before odmission) Legany
1/2	b. CITY OR TOWN (If authide corporate limits, write RURAL and give pearest town) Cumberland		
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION O'VIRginia Ave	d. STREET ADDRESS 6 Virginia Ave.	e. IS RESIDENCE / ON A FARM? YES NO X
3.	NAME OF First Middle DECEASED (Type or print) SARAH CATHERIN	Last 4. DATE Month	Day Year 17, 19 56
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	Political interest in the second in the seco	ER 1 YEAR IF UNDER 24 HRS.
. 10	Outsual Occupation (Give kind of work dane lob. KIND OF SUSINESS OR II during most of working life, even if retired) Housewife Own home		U. S.
1;	Mallon Pugh	Rebecca J. Nixon	
11.	Yes, no, or unknown) Iff yes, give wor or dotte, of service)	7. INFORMANT Address Miss Elizabeth Pugh 6 Virginia Ay	ve. Cumb. Nd.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	raemia	INTERVAL SETWEEN ONSET AND DEATH 3 1-25
	Conditions, if any, which) (b) DUE TO Conditions, if any, which)	relitis	Coyes.
	gave rise to immediate code (a), stating the under-tying couse last. DUE TO Column Col	prioseliroses	10 m
NOTA-181183	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	PERFORMED? YES NO
		JRRED, (Enter nature of injury in Part I ar Port II of item 18.)	
400	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20d. Hour a. m. While Not while p. m. 19 of work of wark	P. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)	(County) (Stole)
	21. I certify that I attended the deceased from John alive on 2000 15 1950 and that de	eath occurred at 7:00A.e.M. from the causes and on	I last saw the deceased
	ACTUAL Clay E. Leurre,	ADDRESS (Street, city or town, state) M.D. 236 Virginia Ave.,	DATE SIGNED
	NAME (Type) Clay E. Durrett M.D.	Cumberland, Haryland	
_		ery or crematory 22d. location (City, town, or county oint Cem. Keyser, W. Va.	(State)
2:	Charles L. George Cumberland. Md.	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S	SIGNATURE



TO HOSPITAL

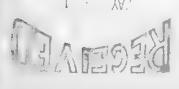
VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4609

CERTIFICATE OF DEATH

04618 Rea Dist No.

								Leads mini	. 110.	
1. PLACE OF DEATH				- 11	USUAL RESIDENCE (WI	nere deceased	l fived If institute b. COUNTY	on, Residence	before or	dmission)
	egany		MARYLA	ND	Mary1a	nd	B. COUNTI	A11	egan	y.
	f autside corporate limit	s, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF o		rote limits, write R			
	berland		1 day	H	Rura1	Cumber	land			J.
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, gi	ive street	oddress)		d. STREET ADDRESS				0	RESIDENCE
	Memorial H	<u>ospi</u>	tal		Rt. 6				YE	S 🔲 NO 🔼
3. NAME OF DECEASED	Firs	it	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	John		Willia	1791	Judy	OF DEATH	May		21	19 56
5. SEX	· ·	_	HED NEVER MARRIED	-	DATE OF BIRTH		9 AGE (In years		and these	JNDER 24 HRS
Male	White	WIDOWI	_	_	Feb. 14. 19	00	last birthday) 56 yrs	Months D	Роук Но	ours Min.
100 USUAL OCCUPATIO	ON (Give kind of work d	lane 10b.	KIND OF BUSINESS OR I	INDUSTR			ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
2.0	ding life, even if retired		Auto		Petersb	tirer H	. VA.		U.S.	Α.
13. FATHER'S NAME	TOTAL		AULU	T	14. MOTHER'S MAIDEN I		7.43.0		0.00	117.0
Geor	rge A. Judy				Alice He	drick				
15 WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17. INFO			Add	ress		
(Yes, no, or unknown)	(I) yes, give wor or dates of sa		14 05 8758	Mrs	Catherine	Judy	Rt. 6 C	umber1	and.	id.
18. CAUSE OF DEA	TH [Enter only one con	use per lij	ne for (a), (b), and (c).],		1	,	- ^ /	17.	INTERVA	L BETWEEN
	TH WAS CAUSED BY:	14	Growin H.	000	to wet on	dia	Vana las	Uson.	1	AND DEATH
11115 X	IMMEDIATE CAUSE (o)		warm fry	POUR	SMORE (10)	12(1)-1	usewar.		<u> </u>	· yro
740	DUE TO		17							
Conditions, if a										
corse (o), stating										
lying cause last.) (c)									
PART IL OTH	HER SIGNIFICANT CONF	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. V	VAS AUTOPSY ERFORMED?
2										S NO
PART II. OTH	S UNDERLYING	20Ь. DES	CRIBE HOW INJURY OCC	URRED (Enter nature of injury in	Part I or Part	(1 of item 18.)		- 2	
UF EITHER, NOTIFY	MEDICAL EXAMINER									
20c. TIME OF INJURY	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20		OF INJURY (Home, form		or town)	(Co	ounty)	(State)
Hour o.m.	19	While of war	Not while	fector	y, street, affice bldg., etc					
				, ,	20 Z1/ . W	11/00 2	7/1			
	at I attended the	deceas	_m / / /	<i></i>	, 19 <u>34</u> , to		19.54			
alive on	may 2/	, 12_3	cond that d	eath o	ccurred at 21				date s	
	7 6. 10°	-1	100.		1/	ADDRESS (SI	reet, city or town,	state)		DATE SIGNED
SIGNATURE	KTULK	101	yper	м.п) Hyre	4pre	lu-		<	-
PHYSICIAN'S NAME (Type)	John. A	1	PFER				100 Min day 1	its aller aller aller soon rather soon plates		**==*
22a. BURIAL, CREMATIO REMOVAL (Specify)		F	224 NAME OF CEMETE	RY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(State)
Burial	5_24_195	6	HillCrest	t Cer	1.	(Cumberlar	d Md.		
23. FUNERAL DIRECTOR			ADDRESS			D BY REGIST		STRAR'S SIGN	NATURE	1
Charle	s L. George	C	umberland, N	Id.	Okse	25 19	56 714	Fin.	, 5	MI



BULEAU V. S.

N. C.

VS A15 (4) 15M 9/55

THE HOSPITAL OR ITTERMING PHYSICIAN: The for requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04619

CERTIFICATE OF DEATH 4648

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	legany		MARYLA	- 11	2. USUAL RESIDENCE O. STATE		ere deceased	hved. If instit b. COUN				sion)
b. CITY OR TOWN RURAL and give I	(If outside corporate limineares) town)	ls, write	c. LENGTH OF STAY IN	1b	c CITY OR TOW	'N (If o		rote limits, write			24	n)
d. NAME OF HOSPI	ITAL (If not in hospital, it	ive street	oddress)	#	d. STREET ADDR		HITTIE				e. IS RES	SIDENCE
OR INSTITUTION KOO.		eing	Home		Jack	SOT	Str	eet			ON A	A FARM?
3 NAME OF DECEASED (Type or print)	Morgan	nl .	Middle Ke	pli	nger		4. DATE OF DEATH	5/28	/1956	Do	y	Year 19
5. SEX		7. MARI	RIED NEVER MARRIED		DATE OF BIRTH			9. AGE (In yea	IF LINDER		IF UND	ER 24 HRS
Male	White	WIDOW			Jan. 23	. 1	898	lost birthday) Months	Doys	Hours	Min
10a, USUAL OCCUPATI during most of war NOT	rking life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUST		(Stote o	ing.			TIZEN O		COUNTRY
	John Kepl:	ince	73				_					
	ER IN U. S. ARMED FOR			17 IMF	Huld	a 1	renai		ddress			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	None		s. Ella	St	arkey		aconi	ng.	MD	
Conditions, if a gove rise to couse (o), stoling lying couse lost. Part II. OT	the under- DUE TO the under- (c) HER SIGNIFICANT CON) DITIONS (CONTRIBUTING TO DEATH	BUTN		TERMIN			GIVEN IN PAR	RT 1(0) 1	PERFC	AUTOPSY DRMEO?
OR CONTRIBUTING OF CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour o. p.,			NJURY OCCURRED 29	le. PLAC	Enter nature of inju E OF INJURY (Home ry, street, office bld	, form.	20f. (City		(County)		(Stote)
	hat I attended the NAY 28 200 19	at war	ed from au		., 19.5 6 to courred at	5 1	M, from	the causes reel, city or low	and an t		te state	
270. BURIAL, CREMATIC	5/30/19		Old Cone		emetery		_	ION (City, town			(Stot	le)
23. FUNERAL DIRECTOR		Lon	ADDRESS		THE RESERVE THE PARTY NAMED IN COLUMN		BY REGISTI		GISTRAR'S SI	GNATUR	RE .	- /2

BALE A A' C

e e

thin corpora	te	ilmier	^	MARYLAI AC 1	ND STA	TE DEPART	MENT OF	HEALTH		IMORE, 1	B ()	4620	,
ا عر			•	461	U	CERTIFIC	CATE OF	DEATH	1		Reg. Dist. No	. 4	-
Med with		LACE OF DEATH COUNTY	t the	1.16.27	1	MARYLANI	II o STATE	ESIDENCE (Wh	ere deceased	b COUNTY	n: Res dence bef	ore demission)	2. E.
of the state of th	1	CITY OR TOWN	nearest tawn)	1 // /	c. LENG	OTH OF STAY IN 1	c. CITY C	ORTOWN (IF a	15	ste limits, write, RU	IRAL and give n	earest fawn)	V
2 shoul	-	NAME OF HOS OR INSTITUTIO	PITAL (if not in		treet address)	1	d STREE	T ADDRESS	1-10	h man	5+	e IS RESIDEN ON A FAR YES NO	RM2
Pio (s	- 1	IAME OF DECEASED Type or print)	91	First	3.0	Middle	, K	tosi	4. DATE OF DEATH	Month		oy Year	
Poge	5 S		6 COLOR		MARRIED 12 1	NEVER MARRIED	B DATE OF 8	IRTH			Months Days		⊃ 4 HRS Min
leoth.	100	USUAL OCCUPA during most of w	FION (Give kin orking life, eye	d of Work dane		BUSINESS OR IN	DUSTRY 11. BIRT	HPLACE (Stole	or fareign cou		12. CITIZEN	OF WHAT CO	UNTR
after of	13.	ATHER'S NAME	1	123	E /	11/2/	14 MOTHE	R'S MAIDEN N	AME	D	0111	/	
. 5 A		WAS DECEASED E	VER IN U. S. A	RMED FORCES?	16. SOCIAL	SECURITY NO. 17	INFORMANT	Ann.	111	Kisker-	" (beach	· · · · · · ·	
n pleose r		18. CAUSE OF E	EATH WAS CA		per line for (a)	(b), and (c)]	600le	(5/02		F	IN	TERVAL BETWE	ATH
# F		Conditions, if	1	DUE TO	Core	nary 1	1.	Doc a		****		6 loca	1
it perm		gave rise ta cause (a), statir lying cause los	immediate g the <u>under-</u> (DUE TO									
ial-trans	CATION	PART II. C	THER SIGNIFIC	CANT CONDITIO	ONS CONTRIB	JTING TO DEATH E	UT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTO PERFORME YES NO	DS
often .	CERTIFI.	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLY NG CAUSE (FY MEDICAL E)	NG [] 20b. OF DEATH (AMINER)	DESCRIBE HO	W INJURY OCCUP	RED. (Enter natur	e of injury in P	art I ar Part I	l of item 18.)			
use as	MEDICAL	20c. TIME OF INJ Haur a. n p. n	١.	W	Od #NJURY O /hile Na ! wark 🔲 at	CCURRED 20e t while work	PLACE OF INJUR foctory, street, a	Y (Home, form, ffice bldg., etc.	20f. (City o	ir fown)	(County	} ((Stote)
niol, cr		21. I certify	that I atter		. 57	$3 \sim 2$	9 , 19		- 18	the causes ar	that I last s	aw the dec	eos
ar to bu		ACTUAL SIGNATURE	Ree	2. 6	Br	elen	62	Sice	ADDRESS (Stre	et eity or town, s	late)	DATE!	SIGNI
hould b		PHYSICIAN'S NAME (Type)	E.	Ralph	W. Ba	llin, M	D.				to the the thirty we want to		20 also des 40
he regis	220	BURIAL, CREMAT		TE THEREOF	22c. N	AME OF CEMETERY	OR CREMATORY		22d. LOCATIO	/ /	county)	(State)	//
5 (4)	23.	UNERAL DIRECTO	OR'S SIGNATUR	t ne	AE	DRESS	land		BY REGISTR		RAR'S SIGNATU	JRE M	— λ.
/SS	1./	1347 1	12200		. (4	111100	-un ne	proces	2117	1 a a/·/	· Walk	4.111.0	<u> </u>

% A MITHIN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4660 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY A₁₁egany Allegany MARYLAND llaryland b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 PRIOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town! 6 Cumberland, Run Cumberland. NIME OF NOSTRAL (If not in hospitol, give street address) d STREET ADDRESS Bowling Green. YES T NO T Bowling Greens th's NAME OF Middle 4. DATE Last Year DECEASED (Type or print) KARL DICKEY KOLSETH DEATH May 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (n years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Days DIVORCED | WIDOWED [7] Dec. 25, 1892 Male White 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Racing Summerville, Mass. U.S. Jockey agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry L. Kolseth Clara Estes 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Helen Kolseth R. D. # 6 Cumberland, Md. No None 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY: 12 week IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not while at work at work 1- , 1976, to 5-2- , 19) 7that I last saw the deceased 21. I certify that I attended the deceased fram. ___, and that death occurred at 9:15A M, from the causes and an the date stated above, ADDRESS (Street, city or town, state) ACTUAL 57 Greene St. PHYSICIAN'S Lewis Brings Cumberland. NAME (Type) FUNER! 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 5/5/56 S. S. Peter & Psul's Buria1 Cumber land Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland, Maryland H. Wayne George

BUREAU V. S.

Q YAN

BECEINE

V5 A15C 1-55 10M

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04622

CERTIFICATE OF DEATH 4649

Reg. Dist. No. ...

	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Allegany MARYLAND	STATE MD. COUNTY Allegar	ıy
CITY (It outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
OR and give nearest town) TOWN Frostourg (in this place)	TOWN Frostburg	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS 14 Grant Street	ADDRESS 14 Grant Street	
3. NAME OF (First) (Middle) DECEASED	(Lasi) 4. DATE (Month) (De)	
	rauss DEATH 5/28/3	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C		
Male White SpecifMarried Feb.	13th 1873 83 yn. Months Dev	rs Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if OR INDUSTRY		TIZEN OF WHAT
retired Retired Miner Coal Mine	Frostburg, MD. U.S.	5. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Krauss	Martha E. Lemart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no or unk.) (If Yes, give wer or detes of service) 215-20-6569	Mrs. George Rendar, Fros	stburg, D
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) CORONARY ART	ERY HEART DISEASE .	2 485. 12
ANTECEDENT CAUSEISI DUE TO		2 4
DISEASES OR CONDITIONS, IF ANY, (B) PRIERIUSCLERO	2(3	COYRS
GIVING RISE TO THE ABOVE CAUSE DUE TO		0
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE		YES NO
NONE	21c. WHERE DID INJURY OCCUR? (City or town) (County)	
21e. ACCIDENT WAS UNDERLYING 21st, PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while		YES NO
21e. ACCIDENT WAS UNDERLYING 21k, PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	21c, WHERE DID INJURY OCCUR? (City or town) (County) 21f. HOW DID INJURY OCCUR?	YES NO [
21e. ACCIDENT WAS UNDERLYING 218, PLACE (Home, lerm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINERY] 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work et wor	21c. WHERE DID INJURY OCCUR? (City or town) (County) 21f. HOW DID INJURY OCCUR?	(Siete)
21e. ACCIDENT WAS UNDERLYING 21f, PLACE (Home, 1erm, fectory, OR CONTRIBUTING CAUSE OF DEATH CETNAURY street, office bidg., etc.) (HETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while Not while at work el work el work at work el work alive on	21c. WHERE DID INJURY OCCUR? (City or town) (County) 21f. HOW DID INJURY OCCUR? 1956, to MAY 25, 1956, that I last 2.567.M, from the causes and on the date stated ab	(Siete)
21e. ACCIDENT WAS UNDERLYING 21k, PUNCE (Home, Ierm, fectory, OR CONTRIBUTING CAUSE OF DEATH CENTURY interpretation of the bidg., etc.) (If ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while Not while el work el wor	21c. WHERE DID INJURY OCCUR? (City or town) (County) 21f. HOW DID INJURY OCCUR? 1956, to MAY 25, 1956, that I last 2567.M, from the causes and on the date stated ab	(Siete)
21e. ACCIDENT WAS UNDERLYING 21k, PUACY (Hame, Ierm, fectory, OR CONTRIBUTING CAUSE OF DEATH GENDURY street, office bidg., etc.) (If ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while Hour) While Not while Hour Work Hour) 22. I hereby certify that I attended the deceased from	216. WHERE DID INJURY OCCUR? (City or town) (County) 216. HOW DID INJURY OCCUR? 1956., to MAY 25, 1956, that I last 250 M. from the causes and on the date stated ab ADDRESS (Street, city, lown, stele)	(Siete)
21e. ACCIDENT WAS UNDERLYING 21k, PLACE (Name, 1erm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY intel, office bidg., etc.) (If ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while M. at work et work et work 22. I hereby certify that I attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County) 21i. HOW DID INJURY OCCUR? 21i. HOW DID INJURY OCCUR? 19.56, to MAY 25, 19.56, that I last 2.56 ft.M, from the causes and on the date stated ab ADDRESS (Street, city, lown, stele) CREMATORY LOCATION (City, town, or capity)	(Siefe)
21e. ACCIDENT WAS UNDERLYING 21k, PLACE (Name, 1erm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY intel, office bidg., etc.) (If ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while M. at work et work et work 22. I hereby certify that I attended the deceased from	216. WHERE DID INJURY OCCUR? (City or town) (County) 216. HOW DID INJURY OCCUR? 1956., to MAY 25, 1956, that I last 250 M. from the causes and on the date stated ab ADDRESS (Street, city, lown, stele)	(Siefe)

FAR TON

(Year)

19-5

IF UNDER 24 HRS

Hours

CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

(State)

DATE SIGNED

(State)

YES .

ADDRESS

COUNTRY?

Reg. Dist. No......

(Day)

Days

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Witten corporate limit. 4611 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Allegany c. COUNTY **b. COUNTY** MARYLAND Marvland Allegany CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 7:2 Cumberland Barton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Allegany County Infirmary YES TO NO NAME OF 4. DATE Month DECEASED OF DEATH 10 56 Herbert W. Langham (Type or print) May 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS as birthdoy) Months Male White WIDOWED DIVORCED [" 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Farming Maryland Retired U. S. A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Langham Susanah Smith 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT 0. Box 599 (If yes, give war or dates of service Allegany County Infirmary Records 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy. Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while et work of work D. III 21. I certify that I attended the deceased from .. 19.....that I last saw the deceased and that death accurred at 1:15A M, from the causes and an the date stated above. ADDRESS (Street, city or town, stota) ACTUAL 49 Greene Street May 7. SIGNATURE Dr. James E. McLean Cumberland, Maryland NAME (Type) 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) REMOVAL (Specify) Bunial Laurel Hill Cemeterv Moscow. Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURB' Ellsworth S. Boal, Westernport, Maryland. 15M 9/55

BUREAU V. S.

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tu in corporate ilmin MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4612MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY O. STATE **b.** COUNTY MARYLAND Somerset l'erany b. CITY OR TOWN (If outside corporate limits, write RUEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lieversdale, rural Carberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Route ori 7 Mosaital YES NO 3. NAME OF 4. DATE Month Year DECEASED (Type or print) 11777 1 pm DEATH 19 56 MOSE Legas 6. COLOR OR RACE 7- MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) WIDOWED [7] DIVORCED [white male 100. USUAL OCCUPATION (Give kind of work done 108/KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ungineering Co. Indian 'eas,'a. Unmuen Lem 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Legas Anna Kane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 5-16-0146 Me orial Tos ital Give 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural " emidural hemorrhame hrs ě 1060 DUE TO a fractured skull also had Conditions, if any, which I gave rise to immediate cause DUE TO (o), stoting the underlying post occipital laceration of shalp. couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES THE NO T 20b/ DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18) 20g. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING about 20 ft. through hole in floor, hear struc' CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [Stote] foctory, street, office bldg , etc.) While Not while 1956 of work M of work Ditt. Plate 2 - · 5 4-5-73 21. I certify that I took charge of the remains described above, held an Autapsy 3, Inspection 3, Inquiry 3, and find that death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [] DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER farwarded ASSISTANT MEDICAL EXAMINER | NAME (Type) H. V. Dening H. I DEPUTY MEDICAL EXAMINER 1 1 277 23-10-6 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Meyersdale, Pennsylvania May 26, 1956 Union Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE. VS. ATSME(S) Konhaus Funeral Home, Meyersdale, Pennsylvania 5M 9/55 Fr . " non ha is h . " Mureur brude

EURIAN Y E.

PEGEIVEN 3000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

461GERTIFICATE DEATH OF

hour	third	GERTIFICATE OF DEATH Reg. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DEC.	Dist. No		
-	the the	COUNTY Allegany MARYLAND STATE Maryland COUNTY	Ullegany		
¥ithın	director, t	COUNTY Allegary MARYLAND STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL or or end give neerest fown) LENGTH OF STAY (in this place) OR TOWN Cumberland 2 mo e TOWN Frostburg	n nearest lown]		
pecuted	within 72 funoral dire	HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat 14 Lee St.			
5 be 63		3. NAME OF (first) (Middle) (Last) 4. DATE (Month) OF (Type or Print) Francis Markey DEATH Mar	(Day) (Year) 7 25 1956		
certificate be	the registrar in by the	male white single 9-8-1887 68 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Onths Deys Hours Min.		
I	ed with the y filled in parmit.	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if or industry tired custodian K. of C. Lodge Ireland	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
SES	교노립	13. FATHER'S NAME			
E tar	rsician. cate be filed completely al transit pe	Francis Markey Bridget O'Neil 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS			
2 E	physician, rhificate be fil nd complete burial transit	(Yes, no, or unk.) (II Yes, give wer or detes of service) 218-03-6923A Walter Youngerman	Frostburg. Md.		
NSTRUCTIONS w requires that the d	D 0 "	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
# (p	or attending to death or physician use as a	IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	12.00		
AL T	# = 0.5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	74- 1 WR		
HOSPITA	requires that he attending a detached for	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	10 3yro, -		
K.	6 - 6 - 6	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO		
ANG	The ted shoul	21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)		
SIC	opy may be re DIRECTOR: s been execut ate assembly s	21d. TIME OF INJURY (Month) (Dey) (Yeet) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work			
Hd Swign		22. I hereby certify that I attended the deceased from March. 26, 19.56, to May 25	stated above.		
	Cate Ce	23. AURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or REMOVAL (SPECIFY)	county) (State)		
E	. 5 T TO	RRMOVAL (SPECIFY)			
TO ATT	TO FUNERA Certificate death cert	Burial 5-28-56 St. Michael's Cemetery Frostbur 4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE / 125. FUNERAL DIRECTOR'S SIGNATURE	Md.		

BALLEVI A 'S







Within corporate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	DR. SIMONS. 4515 CERTIFICATE OF DEATH
director,	1. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] b. COUNTY Berkley
the second of th	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 BERKLEY SPRINGS, XN
by the f	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION VEMORIAL HOSPITAL d. STREET ADDRESS on A FARM? YES \(\subseteq NO \(\subseteq \)
n 24 ha	3. NAME OF First Middle Lost 4. DATE Month Day Year OF OF DECEASED OF DEATH MAY 11, 19 56
pletely ers. Pog	FEMALE WHITE WIDOWED DIVORCED DEC. 3 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DEC. 3 9. AGE (In years of birthday) Nonths Doys Hours Min Dec. 3 Whom the Doys Hours Min Dec. 3
executed nd comple on papers. death.	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) What is a state of working life, even if retired)
of e be	DANIEL YOUNG 14. MOTHER'S MAIDEN NAME ROZELLA KING Suella hing
naphysicione remove tremove tr	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Vel. No., or unknown) (If you, give wor or dates of service) IN ONE MEMORIAL HOSPITAL—MEMORIAL & WARWICK AVES.
the death ie attendi hen pleas ant within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death (b) Death (c) INTERVAL BETWEEN ONSET AND DEATH 3 WITH
ed by the rmit. Ti	Conditions, if any, which gove rise to immediate (b)
requir	cosse (a), storing the under DUE TO (c) Contention Leaf drawn
The law a physici has bee rrial-tras moval,	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: Ficate the burner or re	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC roll or oth this cert r use as	County) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 40d. NJURY OCCURRED While Not while of work
Affer riol, or	21. I certify that I attended the deceased fram. 1957, to 5 // 1957, that I last saw the decease alive on 5 // 1257a, and that death occurred at 4:05PM, from the causes and on the date stated above
CTO:	ACTUAL AC
retai RAL Dix shauld bi stror prie	PHYSICIAN'S NAME (Type) George M. Simons, M.D.
HOSPITAL may be reta FUNERAL page 3 shav the registrar	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate)
5 5 5 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/\$\$	funter Funeral Home, Berkley Springs, West out May 12/956 W.L. Frank, M. D

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Pages MEDIC

VS. A15ME(5) 5M 9/55

BUREAU V. 5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 un curpurate limita 4616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY Allerany D. STATE b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If extende corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negres! town) Curberland 30 Yrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE D.O.A. ot Memorial 24 Virginia Ave. ostital YES NO THE NAME OF First 4. DATE Month Year DECEASED OF DEATH John McLaughlin (Type or print) 19 55 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE In years IF UNDER TYPAR IF UNDER 24 HRS last birthday) Months Hours Male white WIDOWED | DIVORCED [yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Corp. of Am. Lonacching . I'd. ~ e U.S.A. moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes John Ne Laughlin Catherine Crair Pages ¥O. **a**6□ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Chris Address rs. Mary Attinson, Comb 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlusion sudden buriol-transit 40001 **DUE TO** Coronary scleros's Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO PR 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CHUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while d. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [3]. Inquiry 3. and find that Accident , Suicide , Hamicide , Undetermined cause death resulted fram: Natural causes [5], ACTUAL BATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER IT EXAMINER'S DEPUTY MEDICAL EXAMINER 图 1977]] _] 0.56 NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) REMOVAL (Specify) 0 Comperly .. a. . C. Davis Memorial Cem.

ADDRESS

Cumberland . Md .

24a, REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

VS. A15ME(5)

231 FUNERAL DIRECTOR'S SIGNATURE

3

2 X manual

	1.	PLACE OF DEATH D. COUNTY	**	711			A STATE	ESIDENCE (M	here decea	ed lived. If instit		lence bef	ore admission)
Y	H	. CITY OR TOWN	Allega		IRAL .	MARYLAN c. LENGTH OF STAY IN 1	D	TOWN III	d autida cor	porote limits, write	AT.	loge	
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	5. 9	male	6. COLOR OR		MARRIED	DIVORCED T		,	0-	9. AGE (In yours lost brithday)	IF UNDER	Days	Hours Min.
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	13.	FATHER'S NAME						'S MAIDEN N	AME				
		JOHN TO	bort I'c	Yull		CIAL SECURITY NO. 117	Mar	y Vir	rini	a Jordo			
rV	JY01	. no, or unknown)	(If yes, give wer or		ice)			Mc	4411	Address			
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BUREAU V. S.

DECEIVED 1550

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DR. TOPPER Within corporate limits CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH O. COUNTY ALLEGANY PENNSYLVANIATY MARYLAND MINANX b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) RURAL and give negrest town) CUMBERLAND 12 DAYS d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION MORIAL HOSPITAL ON A FARM? YES NO TH NAME OF First Middle 4. DATE Lost Month Day Year DECEASED HARRY J. MERKEL 1956 MAY 21 (Type or print) DEATH IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH AGE (In years lost birthday) Months Doys Hours Min. WIDOWED V DIVORCED [MALF YIS. 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE MERKEL MARGARET BARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) guip UNK 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suna IMMEDIATE CAUSE (o) 422.2 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cosse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a.m. While Not white of work at work p. m. 21. I certify that I attended the deceased fram. c.that I last saw the deceased alive an_ and that death accurred at M/fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or lown, stole) ACTUAL prior SIGNATURE should registrar NAME (Type) DR. TOPPER 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) Letteran ADDRESS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D'8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4661 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Allegany b. COUNTGarrett Mayvland eq MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Oakland resaptown mo d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month Year DECEASED 19 56 May DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male White Months WIDOWED [7] DIVORCED T November 24.1869 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S. A. Farm Stemple Ridge. W. Va. Farmer, retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Wesley Miller Mahala Ann Lipsomb Miller IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Nell Miller Oakland, Md. guip No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). It INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) D. M. While Not while of work of work p. m. 21. I certify that I attended the deceased from 19.72 that I last saw the deceased ADDRESS (Street, city or lown, stote) Ö ACTUAL SIGNATURE NAME (Type Johnson. James M FUNER 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 22d. LOCATION (City, town, or county) [Stote] 1956 Red House Oakland. Md . near o ADDRESS **FUNERAL DIRECTOR'S SIGNATURE** 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, Md. VS A15 (4) DATECLE

BUREAU V. S.

ci Y YAM

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





3201 R YAM



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Again and Agge 4	may be retain by "arhospital or attending physician.	TO FUNERAL MECT .: After this certificate has been signed by the attending physician and completely filled in by the thierest director,	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be shift with	the registrar prior to burial, cremation, ar remaval, and in may event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law may be related by the physical or alter this certificate has been TO FUNERAL.

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4620 **CERTIFICATE OF DEATH**

04637 Reg. Dist. No.

1 PLACE OF I	PEATH ALLEGANY	MARYLAND	2. USUAL RESIDENCE [Where deceased lived If institution Residence before admission] o. STATE b. COUNTY GRANT									
	TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
C	UMBERLAND .	3 DAYS	PETERSBURG									
d, NAME O OR INSTI	F HOSPITAL (If not in hospital, give street TUTION MEMORIAL HOSPITAL RIAL & WARWICK AVES	odd(ess) I A L	d. STREET ADDRESS e 1S RESIDENCE ON A FARM? YES NO									
3 NAME OF	First	Middle	Lost	4. DATE	Mon	ıth	Day	Year				
(Type or pri	nt) CARR	IE K	PHÄRES	OF DEATH		AY	23	1956				
5. SEX	6. COLOR OR RACE 7. MARE	RIED T NEVER MARRIED	8. DATE OF BIRTH		9. AGE (in years last birthday)			NDER 24 HRS				
FEMA	LE WHITE WIDOW	ED DIVORCED	MAY & 17,19	56	yrs	Months (Days Hou	rs Min.				
10a, USUAL O	CUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12 CIT	EN OF WH	IAT COUNTRY?				
None			Petersburg	. West	. Virgini	a		USA				
13. FATHER'S N			14. MOTHER'S MAIDEN I									
	GEORGE 1. PHARES		PAULINE	RUTH	MILLER							
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Add							
No		None M	lemorial Hospi	tal,	Cumberlar	id, Mai	ryland.					
	E OF DEATH [Enter only one couse per line of the couse per line of	ne (or (a), (b), and (c).]	0 1/	17				BETWEEN NO DEATH				
	IMMEDIATE CAUSE (o)	mercon	at famo	الهاكا سيدي	tern		6 6	2				
	760.0 DUE TO											
	Conditions, if any, which (b)											
codie (o)	, stating the under-											
Z lying co	II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERM	INIAL DISSACE	COMPITION OF	(FRIDE BADE	12-1-10-14//	AC AUTOBOV				
[] [[]	an office storantesian community	CONTRIBUTION TO DEATH BUT	HOI KELATED TO THE TERM	INAL DISCASI	CONDITION GIV	EN IN PAKI	PER	FORMED?				
PA 20a. ACCI OR CONTI (IF EITHER	DENT WAS UNDERLYING [20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port	II of item 183		YES	Пиом				
	RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)											
	g. m. While	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City	or lown)	(Co	unty)	(Stote)				
		k at work										
21. I ca	rtify that I attended the deceas	ed from hay 20	19 <u>5</u> L., to	The second	1956	that I lo	ist saw th	ne deceased				
alive or	12-	🚣, and that death			the causes o		e date st	ated abave.				
ACTUAL	6P 4 6P	-5-		ADDRESS (SI	reet, city or town,	stote)		DATE SIGNED				
SIGNATUI	· 0 . a. 0 ·	cor	M.D. 112 0	autor	477.	معاولي مدعا	77	5/23/5				
PHYSICIAI NAME (Ty	('S RALPH A. REIT	ER	· *** *** *** *** *** *** *** *** *** *									
270. BURIAL, C REMOVAL BUTI	(Specify)	Mt. Hebron			ion (City, town, o			tate)				
	IRECTOR'S SIGNATURE	ADDRESS		D BY REGIST		STRAR'S SIGN		L. Ci e				
	Funeral Home, Peter			128/5	1 3/	R F		4				
				10010	- 71.	14.4	unde	1				

BUREAU V. E.

9561 E . AY:

	1. }	PLACE OF DEATH D. COUNTY	Allera	ny	MARYLA	UND	2. USUAL RESIDENCE (V	there deceased	l lived. If Institution b. COUNT			ision)
75 m	E	. CITY OR TOWN (I	f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (II			RURAL and g	ve neorest to	nwn)
1 ()	0		erland					umberl	and			
	C		erts St.				d. STREET ADDRESS Robert	s Jt.	nutch	101	0 0	RESIDENCE A FARM?
		NAME OF DECEASED	Fin		Middle		test 20	4. DATE OF	Mont			Year
	5. 5	Type or print)		Tohn	Jacob	=1	Poole	DEATH	``ay		d	19 56
	5. 8				NEVER MARRIED			,	AGE (In years last birthday)	Months Da		DER 24 HRS. Min.
	10-	nale	white	WIDOWED		1 0	une 3-189	3	62 yrs.	In CITIZE	V 05 WILL	COULTRY
1	100	uring most of working	ng life, even if retired)	JONE TUD. KH	NU OF BUSINESS OK IN	DOSIK	Y 11. BIRTHPLACE (Stote		ntryj		N OF WHAT	COUNTRY
1	12	INCLITE.	r helber	15.7	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		14. MOTHER'S MAIDEN N	ı.lid.			3.A.	
	13.		7 70 7									
	15.	Samue WAS DECEASED BY	CL POOLE ER IN U. S. ARMED FOI	PCESS 14 S	OCIAL SECURITY NO.	37 IMI	Kesish Pi	per	Address			
0	Yes	. no, or unknown)	(If yes, give war or dates of	service)				e y he		, ,	7 7/	**
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()		Conditions, if a gave rise to imme	diote couse				rditis als	so had	hyper	tenti	on S ve	3207
		(a), stating the		D:	iabetes me	ell	itus.				Wear	100
	z		7 (c). HER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH E	SUT NO	OT RELATED TO THE TERM	NAL DISEASE (CONDITION GIV	/EN IN PART 1		
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		20g. EXTERNAL CAI	USE WAS 20	b. DESCRIBE I	HOW INJURY OCCURRE	D. (En	ter noture of injury in Par	Lar Part II of	itom IB)		1122	110
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	18										`	(Stote)
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	MEDICAL CE	Havr o.m. p.m.	19	White at work	Nat while	factor	y, street, affice bldg., etc.)				find the
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A Kill	-	5. S		6. COLOR OR RACE				DATE OF BIRTH	DEATH	9. AGF (In years	IF UNDER 1 YEA		
d wil			MALE	1 11 1 7 7 7	WIDOWE	7.4		JUNE 28,	1887	last birthday) 68 yrs.	Months Days	Hours	Min.
comp paper paper		100	USUAL OCCUPATE during most of wo	ION (Give kind of work di rking life, even if retired)		_	.~	TRY 11. BIRTHPLACE (Sto	-		12 CITIZEN		COUNTRY?
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sicial seen ronsi		NO		L J (c) THER SIGNIFICANT COND		ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I(o)	19 WAS A	UTOPSY
The 1 phy has b riaki movo		FICATION	15										NO.
HAN: tending filicate the bu		L CERT	QR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206, DESC	RIBE HOW INJURY C	CCURRED	. (Enter nature of injury i	in Part I or Par	t ([of item 18.)			
PHYSIC al ar at his cert use as emation		MEDICA	Hour a.m.	RY Month, Day, Yea	r 20d IN While at work	JURY OCCURRED Not while of work	20e. PLA foct	CE OF INJURY (Home, fo ory, street, office bldg.,	erm, 20f. (City	r or town)	(County)	(State)
Spin die L			21. I certify t	hot I oftended the	decease	d from.	sely	1954, to_	140	4 19.56	,that I last :	iow the c	deceased
bornic A			alive on	May dy	_, 12_5	ond that	death	occurred of 2:25	P_M, fran	the causes o	nd on the di	ate stote	d above.
be de do	3		ACTUAL SIGNATURE	40 Henen	ull	14 th	0 1	10. /33 VI	rigue à	Lue, Lu	infinitely,	41 5	TE SIGNED
reto			PHYSICIAN'S NAME (Type)	G. Overto	n His	mmelwrig	ht.	133 Virgi	nia I	teGumb	erland	.Md.	
HOSP loy be oge 3		220	REMOVAL (Specify			22c. NAME OF CEM				TION (City, town, o	r county)	(Stote)	,
5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		23. 1	Surial FUNERAL DIRECTOR	5/27/56		ADDRESS	v Chi		Bedf C'D BY REGIST		Fenns;		ia
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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4664

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1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
COUNTY Allegany	ARYLAND	STATE MD.	COUNTY	Allegany
CITY (if outside corporate limits, write RURAL LE	NGTH OF STAY		orata limits, write RURAL a	nd give nearest town)
OR end give nearest fown) TOWN Longconing	(in this place)	Markette I	aconing	
HOSPITAL OR		STREET		va location)
INSTITUTION OR STREET ADDRESS Jackson street		ADDRESS	ackson Str	
3. NAME OF (First) (Middle	2)	(Last)	4. DATE (Mon	
(Type or Print) Bear1	Richar	dson	OF DEATH	5/30/1956 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCE	B. DATE OF	BIRTH	9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White SpeciWidewe	d 1/20	/1892	64 ym.	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work lob, KIND OF done during most of working life, even if OR INDU:		11. BIRTHPLACE (State or fora	ign country)	12. CITZEN OF WHAT COUNTRY?
raticad Housework Own Home		Longconing	· MD.	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles Devault		Fre	drica Meta	2
	CIAL SECURITY NO.	17. INFORMANT &		
(Yes, and unk.) (If Yas, give wer or datas of service)	ONE	MRS. JOH	N DONALDSO	N. Daughter.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8. MEDICAL CER		coning, M	
1 DISEASES OR COMMITTIONS DIRECTLY LEADING TO DEATH	V - 11	V+		1 72-2
IMMEDIATE CAUSE (A)	es love by	ul lauteur		
ANTECEDENT CAUSE(S) DUE TO	-2. ()			2 mrs.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TRATING INDICATION INDICATION OF THE ABOVE CAUSE LAST DUE TO	2 00	2	(\	
STATING UNDERLYING CAUSE LAST. (C)	nec Sti	neudar he	phul	7 3 /x ~~
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0		V	
DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OR	PERATION			20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING . 21b. P.ACE (Home, form OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office to (IF EITHER, NOTIFY MEDICAL EXAMINER)		Ic. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
	Not while	III. HOW DID INJURY OCCU	IR?	
M. et work	at work			
22. I hereby certify that I attended the deceased	from 1959	19 10.5./	3-2 19 3	that I fast saw the deceased
alive op 32, and that	death occurred at			
SIGNATURE		ADD	RESS (Streat, city, tow	n, state) DATE SIGNED
Storgt lichgeritate	. M.D.	Loracion		10 6/1/56
TEMOVAL (SPECIEV)	AME OF CEMETERY OR		LOCATION (City, low	
2000 0	ak Hill C		Lonaconi	+ 2
24. REC'D BY REGISTRAR'S SIGNATURE	an	25. FUNERAL DIRECTOR'S		ADDRESS
DATE 6/2/56 Hannella N	1100 al	George E1	Cumorar, Po	naconing, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4665 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased tived. If institution Residence before admission)
o. STATE 7. 10. • A FOUNT any PLACE OF DEATH Allegany MARYLAND

y be retained by the haspital or otherding physician.

UNERAL CT After this certificate has been signed by the attending physician and completely filled in by 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 registrar priar la burial, crematian, ar remanning and a second pages.

TO H	am.	10 F	bod	he
Y	S .	A15	(4) SS	

X	ţ	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	LENGTH OF STAY IN 16	c. citr or town (i Nikep	Foutside corporate limi	ts, write RURAL and gi	ve negrest town)	
4	•	d NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS				DENCE FARM?	
	- 1	NAME OF DECEASED Abraham Lincoli	Roberts	Lost	4. DATE OF DEATH	Lay 3	30 Doy	Year 56	
		Male White WIDOWED	DIVORCED	GUG. 9 1/2	FIF14 69	birthday) Months [Days Hours	Min.	
†	F		aper Mill	Barton-			S. A.	COUNTRY?	
	13.	James Roberts		14. MOTHER'S MAIDEN					
	15		CIAL SECURITY NO. 17. IN	(FORMANT	Johnson	Address			
			-05-8014	John Robe	12/5	BARTO	N,M	6.	
		18. CAUSE OF DEATH Enter only one couse per line	for (a), (b), and (c).]	To the second	1 .		INTERVAL BE		
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cressal	Thin	say.		18	h.	
		OUE TO CO (1 - C) () () () () () ()							
		gave rise to immediate DUE TO							
		case (o), stoting the under- lying cause lost.	/						
10	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS PERFO YES	RMED?	
	CENTIFICATION	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED). (Enter nature of injury i	in Part I or Part II of it	ım 18 J			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a, m. p. m. 19 White of work [Not while fac	CE OF INJURY (Hame, fo lory, street, office bldg., e	orm, 20f. (City or lowe etc.)) (Ca	ounty)	(State)	
		21. I certify that I attended the deceased	from Inly	. 19 ² 3 ta	30 may	, 19. 6, that I lo	ast saw the	deceased	
		alive an 2 9 may 12 1		accurred at 336	QLM, from the	causes and an th	e date state	ed abave.	
		Y W	1 No	00	ADDRESS (Street, cit			ATE SIGNED	
/		SIGNATURE 402 CALL	and !	40. 51 mai	in ton	dening	mo	5/30/27	
		PHYSICIAN'S NAME (Type)				<i>J</i>	/		
	220	BURIAL CREMATION 226. DATE THEREOF 6/2/56	Laurel Hil	CREMATORY	22d LOCATION (C	ity, town, or county)	(Stat		
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'P BY REGISTRAR	246 PEGISTRAR'S SIGI		2 1	
		C. 1. 187.70 X	lesternport	p IId . DATE	6/2/56	Januall	em	Joal	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 thin consonate finite COMEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Na 2. USUAL RESIDENCE (Where decorsed lived. If institutions Residence before admission) PLACE OF DEATH D. COUNTY D. STATE Allegany b. COUNTY Εď. Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Comberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? labterson Ave. latterson Ave. YES I NO I 3. NAME OF DATE Middle Month Doy DECEASED OF DEATH Otto 3mehl 27 (Type or print) Henry 19 5. SEX 6. COLOR OR RACE 7- MARRIED FR NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Months Hours WIDOWED [7] DIVORCED | YIL. 10a. USUAL OCCUPATION (Give kind of work done 10b_KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Maryland rever vorker-Queen City letired 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME William Ruehl Sophia Schneider 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (wife) Lucy Da 큐그이로그로운의다 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hemoptysis sudden **DUE TO** Ruptured dissecting ansurism of the aorta Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying winto the lungs also had cardiac hypertrop; cours lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 13 NO 1 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.1 PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work D. m. 21. I certify that I tack charge of the remains described above, held an Autapsy [3], Inspection 活 Inquiry 图, and find that death resulted fram: Natural causes 🕅 Accident 🗍, Suicide 🗍, Hamicide 🧻, Undetermined cause 🦳 ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) II. V. Deming DEPUTY MEDICAL EXAMINER DE ST 10-1956 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 1226, DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOYAL (Specify) 0 Sts. Peter & Paul Cemetery Cumberland, Maryland May 12. 1956 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS. ATSMEIST Charles L. George, Cumberland, Marylan d. 5M 9/55 Il make of a



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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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04648 Reg. Dist. No.

o. COUNTY	Allegany	MARYLANC	II o STATE	ere decemed lived. If institut and b. COUNTY		
RURAL ond giv	N (If outside corporate limits, write nearest town) TOSTOUTG	c. LENGTH OF STAY IN THE	E. CITY OR TOWN (IF o	utside corporote limits, write	RURAL and give nea	arest town)
d. NAME OF HO	SPITAL (If not in hospital, give strong No. Wright St.	reet oddress)	d. STREET ADDRESS	ight St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	OSCAR	Middle S .	SAVAGE	4. DATE MO OF DEATH May	nth Do	19 56
5. SEX male	white wo	NARRIED NEVER MARRIED OWED DIVORCED	4-18-1904	9. AGE (In years lost hirthdoy) 52 yrs	Months Days	IF UNDER 24 HRS. Hours Min.
Service	ATION (Give kind of work done working life, even if retired)	ob. KIND OF BUSINESS OR IN		or foreign country)		S. A.
§	rge M. Savage		14 MOTHER'S MAIDEN N Hattie	e V. Murphy		
IS. WAS DECEASED	EVER IN U. S. ARMED FORCES? (If yes, gave wer or dates of service)	16. SOCIAL SECURITY NO. 17 214-10-5075	Mrs. Vivian	E. Savage,	Frostb	urg, Md.
gove rise to couse (o), stold lying couse to PART II.	ost. (c) (c) OTHER SIGNIFICANT CONDITION	The Myseles When the second in the second i			SE VEN IN PART I(a)	Server Harris
20c. TIME OF IN Hour o.	JURY Month, Day, Year 20	d. INJURY OCCURRED 20e. hile NoI while work of work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify alive on	worm		th occurred at 4/00	PM from the causes of aboress (Street, cit or town,	and an the da	the deceased the stated above DATE SIGNED
220. BURIAL, CREMA REMOVAL (Spec Burial	110N, 22b. DATE THEREOF 5-8-56	Fibg. Memo	or crematory	22d. LOCATION (City, lown, Frostburg	**	(Stote)
3. FUNERAL DIRECT		ADDRESS Ostburg, Md.	24g. REC'D	BY REGISTRAR 246. REGI	STRAR'S SIGNATUR	N. Ros

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thin corporate dimit MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4629MEDICAL EXAMINER'S CERTIFICATE OF DEATH ol, cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) a. COUNTY b. COUNTY... g. STATE M RIABYLAND Allerany amnchire b. CITY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) o.mer d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? D.C.A. 11 the Memorial Hospital YES NO TH 3 NAME OF Last 4. DATE Month DECEASED Saville [Type or print] Donald DEATH 56 Larry 277 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO BURTH IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Hours DIVORCED [white WIDOWED IT male 23-1936 7 O yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction lugusta. V. Wa. . 3. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dollie Snyder Roy L. Saville 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give ather no L. Javille Rolney W. Va. 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY: Intracranial hemorrhage IMMEDIATE CAUSE (a) Monsit A LW **DUE TO** with Crushed skull Conditions, if any, which) puriol gave rise to immediate cause **DUE TO** (a), stating the underlying Auto accident in U. Va coure last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO TO 20g. EXTERNAL CAUSE WAS
PRIMARY III or CONTRIBUTING IR
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) Driver a turn.auto hit steel 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, affice bldg., etc.) Not while 19 Cat work at work 72.20p-re- 5-79 Tichten t 50 amaghire Tomner 21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry Fig and find that DIRECTOR: death resulted fram: Natural causes 1. Accident *** Suicide . Hamicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR farworde. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 2 1037 79-7956 .I.V.Deming L.D NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Salem Methodist Cemetery Burial May 21 Slanesville, West Virginia.

VS A15ME(5) SM 9/55

W. H. McKee, Augusta, West Virginia.

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AND 19, 1956 W. R. Trantz, M. D.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0465t)
Reg. Dist. No.

4630	CERTIFICATE	OF DEATH

_		2000							WAR' DISI'	114.	
1.	PLACE OF DEATH o. COUNTY	llegany	· _ · · · · -	MARYLAN	- 11	USUAL RESIDENCE (WI		b. COUNTY		before od	
		f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF		rote limits, write R			
	Cumberlar			12 dvs.		Cumber	land.				
		AL (If not in hospital, g	ive street			d. STREET ADDRESS					RESIDENCE N A FARM?
L	Hemeori	ial Hosp.				420 Willia	ms St.				□ NO DI
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
	(Type or print)	MARY			S	CHAFFER	DEATH	May		1.	19 56
5.	SEX		7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER IN		NDER 24 HRS.
	Female	White	WIDOWI	ED DIVORCED		Dec. 13, 18'	74	81 yrs.	Months Do	ays Ho	Irs Min.
10	a. USUAL OCCUPATIO	ON (Give kind of work it sing life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	or foreign co	ountry)	12 CITIZE	N OF W	IAT COUNTRY?
	Housework	_		mestic help		Cumber1a	nd, Md		U,	S.	
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN	AME				
L	Mathias	Schaffer				Catherin	ne Hig	hland			
15 (Y		R IN U. S. ARMED FOR			7. INFO	RMANT		Addi	ress		
L	No,			None	ir.	1bert Schaf	fer 4	20 Willia	ams St.	Cun	nb. Hd.
	IB. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)]					1	INTERVAL	BETWEEN
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH IMMEDIATE CAUSE (0)									
	9. TIX DUE TO 0 0 0 0 0										
	Conditions, if any, which) (b) Clebral Hoenershope - K-18 day										
	gove rise to it cattle (a), stating							0			1
	lying couse lost.	(0)								
CATION	PART IT. OTI-	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART 1	(o) 19. W	AS AUTOPSY REORMED?
											□ NO □
CERTIF		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	inter noture of injury in	Port I or Part	II of item 18)			
MEDICAL	20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yes			PLACE	OF INJURY fHome, form, street, office bldg., etc.	20f. (City	or lown)	(Cou	inty)	(Stote)
MEL	p. m	19	While of wor	k of work	, ,	a creat, arrive progr, etc	"				
	21. I certify th	at I attended the	deceas	ed from Afra.	15	, 1956 to	May	1 19 5	That Llas	st saw t	ne deceased
	alive on	m.30				curred at 2:20/					
		~ 0 %	7					reet, city or lown,			DATE SIGNED
	ACTUAL SIGNATURE(Mayl.	-6	Surret	M.D	236 Vi	rginia	A.Ave.			~~~~
	PHYSICIAN'S NAME (Type) C	lay E. Duri	rett	M.D.		Curiber	land,	Md.		<u> </u>	
22	O BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC)F	22c. NAME OF CEMETER	RY OR CI	REMATORY	22d. LOCA1	TON (City, town, o	or county)	(!	itole)
	Burial	5/3/56		St. Luke':	s Cer	metery	Cum	berland.	Mary1a	and	
23	. FUNERAL DIRECTOR			ADDRESS		-01	D BY REGIST	RAR 246 REGIS	TRAR'S SIGN	ATURE	7.
	Charles I	. George	Cumbe	erland, Mary	Land	besty	3,19	56 Win	les 8.	The	aup, 111

may be retained by After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the buriot-transit permit. Then please remaye corban papers. Pages 1 and 2 shout the registrar prior to burial, cremation, an remayal, and in any event within 72 hours after Reath. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the control of ottending physician.

TO FUNERAL LCC. After this certificate has been sinced by the control of the contr moy be reto

VS A1S (4) 15M 9/SS

BULLELS V. L.

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Withil corporate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	DR. HIMMELWRIGHT 4631 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4 director, iled with	1. PLACE OF DEATH O COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) O. STATE MARYLAND b. COUNTY ALLEGANY
deoth:	b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write/RURAL and give nearest town) CUMBERLAND LIA D CUMBERLAND
by the story	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL d. STREET ADDRESS ON A FARM? YES NO DECEMBER 1
24 hour	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF DECRASED (Type or print) IDA I. SEE DEATH MAY 4 19 56
within 2 etely fille s. Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED JUNE 29 1866 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS Inches
executed void completed of comp	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSEWIFE 12. CITIZEN OF WHAT COUNTRY WEST VIRGINIA Moorefield U.S.A.
n or nor nor nor nor nor nor nor nor nor	13. FATHER'S NAME CHARLES STICKLEY 14. MOTHER'S MAIDEN NAME BELLE Brill
the death certificate the attending physician her please remove corent within 72 hauryaft	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 16 yet yet give wor or dollar of infrince) None None None None
death ce tending oleose re ithin 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] A A A A A A A ONSET AND DEATH ONSET AND DEATH
the date of the plant with wind with the date of the d	IMMEDIATE CAUSE (0) (I Civile Con yellin Mican Failling 34 licars
s that is that is that is that is that is that is the interest of the interest	Conditions, if any, which) (b) Cleflir Stewarte Parcli Vambe Descar
on. A signer sit per ind in a	gove rise to immediate code (a), stating the under- lying cause lost. DuE TO Advante J Clg-e
physici physici nas beer iol-tran novot, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN OUR
IAN: Il ending ficate b the bur	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol or att his certi use os smation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark at work 19 of wark at work 19 of wark 1
hospite Affer t hed for riof, cre	21. I certify that I attended the deceased fram Disput, 1956, to May, 1956, that I last saw the decease alive an May 4. , 1956, and that death occurred at 3:22 AM, from the causes and an the date stated above
defoc	ACTUAL Signet City or town, store; DATE/SIGNET
relocation of the control of the con	SIGNATURE A TYPE NAME OF STATE
Constant of the Constant of t	NAME (Type G. Overton Himmelwright, K.D. 133 Virginia Ave. Cum. erland, Id. 220. BUR AL, CREMAT ON, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Moy b Poge the reg	Burial 5/6/56 Davis Hemorial Cemetery Cumberland, Maryland
H H	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249, REC'D 89 REGISTRAR 246. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md.
VS A15 (4) 15M 9/55	H. Wayne George Cumberland, Md.



BUREAU V. S.



04652Rea, Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO K Main St. Day Year 18 Mav 19 56 IF UNDER I YEAR IF UNDER 24 HRS AGE (in years last birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY U.S.A. Address Lula Seifarth, Frostburg, Md. INTERVAL BETWEEN PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO (County) (Stote) La, that I last saw the deceased and that death accurred at 10 defin, from the causes and an the date stated above ADDRESS (Street, city or town, stote 220. BURIAL, CREMATION, REMOVAL (Specify) BUTIA 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) on Evan. Cemetery Frostburg Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE J. R. Durst Frostburg, Md.





Cumberland. Md.

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menete	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
P40-610	4634 CERTIFICATE OF DEATH Reg. Dist. NO. 4655
1	1. PLACE OF DEATH o. COUNTY Allerany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Allerany
111)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FAR.
	26 Grand Ave. 26 Grand Ave. YES NO. 3. NAME OF First Middle Lost 4. DATE Month Day Year.
	(Type or print) Fraest T. Storer DEATH Way 21, 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In your legt birthday) Months Days Hours N
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	Retired Jet Dept. Textile Mill Staffordshire, England USA
	13. FATHER'S NAME
	I
	[Yes, no, or unknown] [If yes, give wor or dotes of service]
	No 2/4-07-2294 Grace H. Stor r NO GI and "Ve. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and, (c).]
	PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (6) Le O U J DUE TO
	Conditions, if ony, which) (b) (ittere selves)
	gave rise to immediate DUE TO
	lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED PERF
	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. P. m. 19 al work at wark at w
	21. I certify that I attended the deceased fram. 19.5 \$ to 75 10 71, 1956 that I lost saw the dec
	alive an
	ADDRESS (Street, city or town, stote) DATES
1	SIGNATURE Clary?. S/2.
	PHYSICIAN'S Clay N. Durrett
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (State)
	Burial 5-24-56 Rose Hill Cem. Cumberland, Md.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Dine o Antito
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BUKEAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY WEST VIRGINIA MARYLAND HAMPSHIRE ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) COMBERIE AND Town ROMNEY DAY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL HOSPITAL YES NO [NAME OF DECEASED First 4. DATE Middle Lost Month Day Year OF DEATH SULSER 19 56 (Type or print) SAMUEL MAY 9. AGE (In years lost birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days DIVORCED [WIDOWED IN MALE YES. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Employee of W. Va. State Roads Commission WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET BOWMAN WILLIAM H. S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) MEMORIAL No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cottse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO IN 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INHURY OCCURRED (County) (Stote) Hour o.m.

factory, street, office bldg., etc.)

21. I certify that I attended the deceased from

p. m.

While Not while of work

alive on

and that death occurred at 11:55PM, from the causes and an the date stated above.

ADDRESS (Street, city or lawn, state)

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

DR. W.A. VAN ORMER 22b. DATE THEREOF 220. BURIAL, CREMATION,

May 18, 1956

22c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemeterv

22d, LOCATION (City, town, or county) West Virginia Romney.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

24a, REC'D BY REGISTRAR 246. REGISTRAR'S, SIGNATURE

0 15M 9/55

14: 21-1, 195 Shat I lost sow the deceased

I I I To the state of the state

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Within corpor	te	limite	MARYL	AND S	TATE DEPARTME	NT OF HEALT	H-BALTIMORE,	18	
\$ 8 E	ı		ACOC ME	DICA	L EXAMINER'S	CERTIFICA	TE OF DEATH	Reg. Dist. No.	4657
should by		PLACE OF DEATH	3.03.0			11	(Where deceased lived, IF Inst')	ution: Residence befo	
18 4 A		B. COUNTY	Allegany		MARYLAND	o. STATE	d. b. COUN	M Allegar	137
in a said		ond give neutrest town	If outside corporate limits, write	EURAL	c. LENGTH OF STAY IN 16	11 *	If outside corporate limits, writ-	RURAL and give ne	arest town)
	Cumberland						erland		
prior prior			TAL OR INSTITUTION (IF		ital, give street address)	d. STREET ADDRESS	01.1. 0.1.		e. IS RESIDENCE ON A FARM?
00= -	3	NAME OF	7 021000	t.	12° J M	115 of			YES NO 1
any dell funeral ir yaur f registra		DECEASED (Type or print)	Harry			Swandol.	4. DATE Mon DEATH	/	19 56
He fu	5.	EX			D H NEVER MARRIED B	DATE OF BIRTH	9. AGE (In)rears lost birthday)	Months Days	Hours Min.
ath.	-	.:al.e	10,12700	WIDOWED		Dec.4-1903	52 yrs		
2 veto	100	luring most of worki	ng life, even if retired)		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	e or fereign country)		WHAT COUNTRY?
s after 2, an ay be 1 and	13	<u>achères</u> father's name	t helper	1	B&O.R.Ry.	Hancock		H.C.	
동면 원범		_	7						
24 ho Pages age 5		WAS DECEASED E	/ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17. II	Tda Gla	Addres)	
E S E	(10	Y C	(it her' than mot or dater at re		7-10-14-52 6	rife Hanna	h J. Swandol.	Cumberla	nd . 1/d .
3 高信		18 CAUSE OF DEA	TH Enter only one cous	per line f				INTERY	AL BETWEEN AND DEATH
form P sit perm		PART I. DEA	TH WAS CAUSED BY:	Phar	Ingeal & Lar	yngeal he	morrhage		ALL DEXIT
With for		11114	DUE TO						
with the ex		Conditions, if a	ony, which	22(s	port) ralibo	er rifle b	ullet in nec	k	
bencil		(o), stoting the	underlying DUE TO	hal	ow chin.	(suicide	\		
or so s	z	Couse lost,	(c)_ HER SIGNIFICANT COND				MINALDISEASE CONDITION GI	VEN IN PART I(a) 10	WAS AUTOPSY
riffication of the control of the co	CERTIFICATION								PERFORMED?
sertill ser's e us	TEC	20g. EXTERNAL CA	USE WAS 206	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of Injury in Po	ort I or Part II of item 18.)		
This card 's Examination to a local do		PRIMARY D or CO	MIKIBUTING CL.	hot	himself with	n 22 cal	iber rifle b	uillet.at	ho e
ward ward should	DICAL	20c. TIME OF INJU		20d. It White	NJURY OCCURRED 200. PLAN	E OF INJURY (Home, for	m, 120f. (City or town)	(County)	(State)
Zase shou	낸		-5-20 195	6 of war	k ot work & Io.	10	Craberlar		gany Md.
XAMIII II Mediing II M		21. I certify t	hat I took charge	of the r	emains described abo	ve, held an Autop	sy 🔲, Inspection 🖅	, Inquiry 🗐,	and find that
0 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5		death resulted	from: Natural c	auses _], Accident [], Sui	ide 🖹 , Homicid	e [], Undetermined	cause 🔲.	
MED I		ACTUAL SIGNATURE	Fil Di		my VHE D.	M.D. CHIEF MEDICAL E	EXAMINER		DATE SIGNED
AL AL		EXAMINER'S			2	ASSISTANT MEDIC	CAL EXAMINER []		
orwarde funexa FUNEXA		NAME (Type)		1D.	4	DEPUTY MEDICAL	- Lander Jackson	-1956	
o paragraph of par	220	REMOVAL (Specify	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	or county)	(Stote)
7	23	Print al		956	Parkhead Ceme		Parkhead, Wa	shington (Co., Md.
YS. A15ME(5) 5M 9/55				mberl	and, Maryland		V 1.	R. Fonto	m)
2111 27 20					7	7		- # - 7	

BUREAU Y. E.

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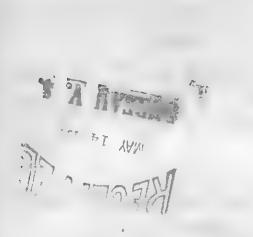
ocol - YA'

VS A1S (4) 1SM 9/55

04659

Reg. Dist. No.

ALLEGANY	MARYLAND	MARYL	AND B. COUNTY	ALLEGANY					
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL ond give neorest town) CUMBERLAND	23 DAYS	CUMBER							
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
MEMORIAL HOSP	ITAL	215 GRE	YES NO B						
3. NAME OF First DECEASED (Type or print) ELTON	F. VAN S	ANT Lost	4. DATE Month OF DEATH MAY	8 Yeor 19 56					
5. SEX 6. COLOR OR RACE 7. MARS		JULY 4, 1		UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.					
10a. LSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIFE	Own home		or foreign country) CAROL I NA	U.S.A.					
13. FATHER'S NAME	OHII HOME	14. MOTHER'S MAIDEN N		0.5.4.					
HENRY FOOTE		MINNIE Y							
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16.		MEMORIAL HOSP	Address TAL - CUMBERLAN	ID, MD.					
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (o), (b), and (c).] H REMIA	YPOSTATIC 23 days	PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH 7 (C. C., S					
4	EPHROSLE								
Conditions, if ony, which) (b)	Conditions, if ony, which (b)								
couse (a), stoling the under- lying couse last.	cosse (a), storing the bridge.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION CON									
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)									
O Hour o. m. While		ACE OF INJURY (Home, form, tory, street, office bldg, etc.	20f. (City or town)	(County) (Slote)					
21. I certify that I attended the deceas	ed from	195210 1	uay & 1956 H	at I last saw the deceased					
alive on May & 193	and y	1	/	on the date stated above.					
165	*		ADDRESS (Street, city or town, state						
SIGNATURE CCCCC+	rill-le	M.D. 59 CS	REENE S	5//6/50					
PHYSICIAN'S S. G. Weisman 1	M.D.	aube	sland le	ed '					
220. BURIAL, CREMATION, 22b. DATE THEREOF Hay 11,1956	22c. NAME OF CEMETERY O Hillcrest Ce		22d. LOCATION (City, town, or co						
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George, Cumi	perland, Md.	24o. REC'1	1.0 0 "	R'S SIGNATURE					



VS A15 (4) 15M 9/55

eath. Page 4

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4654	CERTIFICATE OF DEATH	D

Reg. Dist. No

1, PLACE OF DEATH a. COUNTY			MARYLAN		2. USUAL RESIDENCE (Who	ere deceased	hved. If instituti	on. Residence	a before od	dmission)	
	legany		Laryland Allegany								
b. CITY OR TOWN (I RURAL and give m	f outside corporate limi parest town)	its, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If or	utside corpore	ate limits, write R	URAL and gi	ve negresi	town)	
Frosthu	rg		Lifetime		Frostburg						
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	jive street	address)		d STREET ADDRESS				e. 15 C	RESIDENCE	
215 Vel	sh Hill				215 Wels	sh Hi	17			5 NO	
3 NAME OF DECEASED	Fi	rsit	Middle		Lost	4. DATE OF	Mar	ith	Doy	Year	
(Type or print)	Emma				Ward	DEATH	May		18	1956	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		. DATE OF BIRTH	5	AGE (in years last birthday)			UNDER 24 HRS	
F	M1	WIDOW	ED X DIVORCED	JA	pril 16th.	1876	80 yrs	Months [Days Ho	ours Min.	
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUS1	TRY 11 BIRTHPLACE (State of	or foreign car	untry)	12. CITI2	ZEN OF W	HAT COUNTRY?	
Housewi		'	Own Home		Consolida	ation	. DId .		J.S.	. Α .	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		7.00		- V a Sp.		
Hugh Fre	eal				Margaret	Galle	ochor				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	00444		Welsh	2 74 7	1 1	
IVO	(If yes, give wor or dates of s	ervica)	None	Tir	s. Joseph 1	lurph		thur		_	
	TH [fater only one or	uza sar li	ne for (a), (b), and (c).]	* **	~	<u> </u>	1100	RADIO (S)		AL BETWEEN	
	TH WAS CAUSED BY:		20. 1 10.	1.	S. M. S.	11				AND DEATH	
7 h	IMMEDIATE CAUSE (1	ruspicai	VIL	Communa.	LC	ency		2	400	
F- 1	DUE TO)	$\mathcal{M}_{i,l}$,					11	1,11	
Conditions, if a		1	MARINE	1	sum				4	90	
casse (a), stating		, _	The Kan)	Colo.				/	5	
lying couse lost.											
PART II. OTH	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
3	PERFORMED? YES NO D										
200 ACCIDENT WAS	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.)										
20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. I	NJURY OCCURRED 200	e. PLA	CE OF INJURY (Home, form,	20f. (City	or town)	(Co	ounty)	(State)	
Hour a.m.	19	While at wei		fact	ory, street, office bldg., etc.	1					
		_			· 2-7 Sal	201 . 11	0 87				
	at I attended the	deceas	1		19.5 J. to 27/					the deceased	
alive an	100710	,J&_	$2.Q_{-}$, and that de	eath	accurred at 2:00 P				e date s		
ACTUAL //	mme.	an	1		′	ADDRESS (Str	eet, city or town,	slole)	No	DATE SIGNED	
SIGNATURE //	0111	TVI	1	N	I.D		11100	114	19	16	
PHYSICIAN'S NAME (Typo)	WON	100	Lane		F	NO	2/7	tur	47	me	
220. BURIAL, CREMATIC	N, 22b. DATE THEREC)F	22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOCATI	ON (City, town,	or county)	1	(Stale)	
REMOVAL (Specify)	5-21-	56	St Michae	11	s Cemetery	From	thure	/		h.d	
23. FUNERAL DIRECTOR		प्राचार	ADDRESS _			BY REGISTR		STRAR'S SIGI	NATURE	(0	
Beulah H. W	conteres to 3	HAS			B. IR.G. PATES.	21.5	-(a) 18/10)1011	11, 1	V/ PAS	

BUREAU V. E.

HOSPITAL

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13 7 42W

1		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04662							
William come	10 3		- //							
P P	-	Reg. Dist. N								
3 3	L.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	efore admission)							
94	1	Allegary MARYLAND W.Va. Harns!	7 7 75 75							
900	/	b. CITY OR TOWN (If authide corporate limits, write RURAL and give and give nearest town)	nearest fawn)							
A *		Christiand 46 yrs. Green Spring	- 7							
1 5 / ·	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?							
Pri.		Memorial Mospital	YES NO							
delo ral c ira	3.	3. NAME OF First Middle Lost 4. DATE Month Do	y Year							
you you		Type or print) Charles I. Whothel DEATH May 2	14 19 56							
Far f	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your loub problem)								
音音音		.lale white widowed Divorced April 3-1892 (4 yrs. Manths Days	Hours Min.							
deal 3 t	10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN (12. CITIZEN	OF WHAT COUNTRY?							
ond and and	/ 1	Islander. Comers Co. Inc. Clasfield. J. Va. U.S	i. A.							
urs of 1, 2, may be 1 a 1 a	Ī	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
0 23 40 50	\mathbf{H}	Tenry Thetsel Cally Sherman								
22 Poge 9	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 3117 10	M. Va.							
E S C E	41	no 232-10-5567 (wife) Suenna Ressell Decord	Poon .							
M3. O. Hit		18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c),]	TERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: Shock, trail a C ablo. inal. Lc. orrhage 2										
for for	ıL	912.0 DUE TO	2.1/2 hrs							
in Lin Lin Lin Lin Lin Lin Lin Lin Lin L	1	Canditions, if any, which) to a crushed pelvis, avulsion of left lover								
d b		gave rise to immediate couse								
olo olo		course lost. (c) Leg C buttoch compound comminuted fracture I	eft elhou.							
5 : iii	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
a Single	기를	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Transforing change in flat car from yard to	PERFORMED?							
ertij er's e us	I I	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW JANUARY OCCURRED (Enter nature of injury in Rail 1 of them 18)	O : Smin							
d in the second	9	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CK CAUSE OFFICE THE CONTRIBUTING CK TOOL 1. 1. 6. 570 188 CAUSE OFFICE HOW SHOURS OF THE COLUMN TIME THE TRANSPORT OF THE TRANSP	3 1							
Yord Fxo Fxo	14	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lawn) (County)	(State)							
NER Cal	i i	Hour o. m. While Not while foctory, street, office bldg., etc.)	iro ., w							
MAI Bulley	4	21. I certify that I taak charge of the remains described above, held an Autapsy 7, Inspection 7, Inquiry 7	<u>/a √21,</u> •							
E STEEL		death resulted fram: Natural causes . Accident S Suicide . Homicide . Undetermined cause .	y, and tind that							
<u> </u>		dealli lesotied from: National Cooses [], Accident [5] Solidae [], Homicide [], Onderermined Coose [],								
E 2		ACTUAL ET // Coming M. D. CHIEF MEDICAL EXAMINER []	DATE SIGNED							
M 0 1	SIGNATURE									
A P										
DEPUTY MEDICAL EXAMINER 107 21-1056 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (S10's)										
0 5 5 0	1	REMOVAL (Specify)	(Stote)							
FF	25	Buri 21 May 27, 1956 Forest Glen Cemetery Green spring, West Viz								
VS. A15ME(S)			Tmx							
5M 9/55	F	Combs Funeral Home, Romney, West Virginia. Shay 25, 1956 W. K. Tran	g. ///. 2).							
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To the state of th

illing a special.	2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 .5.0		4640 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	1.	ACE OF DEATH COUNTALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
runeral of full be fill		CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and CUMBERLAND C. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) CUMBERLAND
d 2 should by the		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL d. STREET ADDRESS ON A FARM? YES NO
illed in		IAME OF ECEASED SHAY Middle WIGF ELD 4. DATE MOOTH 30 1956
d withir pletely f	5. 5	ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
execute nd comp n paper death.	10a	USUAL OCCUPATION (Give kind of work done during most of retired) Retired farmer 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (Stole or foreign country) 14. BIRTHPLACE (Stole or foreign country) 15. BIRTHPLACE (Stole or foreign country) 16. BIRTHPLACE (Stole or foreign country) 17. BIRTHPLACE (Stole or foreign country) 18.
ician or e carbo		ATHER'S NAME Lexander' WIGFIELD 14. MOTHER'S MAIDEN NAME Mary. Jane Potts
ng phys remay 72 haur	15	VAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO. 19 INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND
uires that the death		18. CAUSE OF DEATH [Enter only one cause per line 157 to), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to Immediate cause (o), storing the under- Continued to the property of the propert
physician, pas been significant in its learning in its learning in a lea	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROPRESSED 1031. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROPRESSED 1031. PROP
tending intote hit the bun the bun the bun the bun the bun the bun ten ten the bun the bun ten ten ten ten ten ten ten ten ten te	L CERTIF	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or of or of or of this certification compared to the or	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 al work at wark
haspit ECTON: After is be detached for iar to burial, ar		21. I certify that I attended the deceased from APRIL 14 , 19.56, to APRIL 29 KM, 1956 , that I last saw the deceased alive on, and that death occurred at 9:19A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. / 5 50 Certify 6 / 5
PITA RAI should istrar pi		PHYSICIAN'S DR. MJ. MIRKIN Cumherfand mel
O HOSP may be page 3 the regi	L	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote) Burial 6/1/56 Mt. Herman Cumberland, Md.
VS A15 (4) 15/4 9/55	23.	Charles L. George Cumberland, Md. Address Addr

TE KO

J. R. Durst, Frostburg, Md.

24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 5-28-56

Reg. Dist. No

Months

Allegany

Day

IF UNDER I YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stote)

Days

(County)

Md

. IS RESIDENCE

ON A FARM? YES NO

Year

D NIG

3 NOT . 7 YOUR

THE WAR COST LINE TO A MERCE WAS IN

THE LIVE ACTUMENTS AND ADDRESS.

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VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	464:	2	CERTIFIC	ATI	OF DEATH		R	eg. Dist. No.	4	1		
	1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLAND 2. USUAL RESIDENCE (Where deceased in MARYLAND STATE MARYLAND			ere deceased lived.	lived. If institution: Residence before admission) b. COUNTY ALLEGANY					
12	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	, write c. LEN	GTH OF STAY IN 16		c. CITY OR TOWN (IF at	utside carporate lin	nits, write RURA	AL and give near	rest tawn)			
L	CUMBERLAND		2 DAYS		CUMBERLA	ND				02		
13	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	re street address)			d. STREET ADDRESS				e. IS RESIDENCE			
3	MEMORIAL HOSPITAL, MEMO	RIAL AVE			227 S.SMA	YES NO NO						
	3. NAME OF First		Middle		Last	4. DATE OF	Manth	Day	Ye	eor		
	(Type or print) MR. RAL	PH	W.	Y	OUNG	DEATH	MAY	15	19	56		
	5. SEX 6. COLOR OR RACE	7. MARRIED X		B. D	ATE OF BIRTH	9. AGI	(In years IF	UNDER I YEAR				
		WIDOWED	DIVORCED 🗌		rch 19, 187	9	birthday) M	onths Days	Hours	Min.		
1	10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)			USTRY		or foreign country)		12. CITIZEN OI		OUNTRY?		
4	Retired Machinist	Sil	k Co.		MARYLAND	· · · · · · · · · · · · · · · · · · ·		U.S.	A.			
	13. FATHER'S NAME			14	. MOTHER'S MAIDEN N.	AME						
	WILLIAM YOUNG				ANNIE	MC KEE						
0	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) {It yes, give wor or dates of sen		SECURITY NO. 17.	INFO	MANT		Address					
1	No 214-07-4914 MEMORIAL HOSPITAL, CUMBERLAND MD,											
1	18. CAUSE OF DEATH [Enter only one cour	se per line for (a). (b). ond (c).]	2	,	<i>e</i> 1.	0		RVAL BET			
/	PART I, DEATH WAS CAUSED BY: Peritouities— Groveralized ONSET AND DEATH											
	15/X DUE TO	CA			- (1)		7 .			1		
	Canditians, if any, which) (b)	Jarre	inom	KI	TARO	mache	Rockon	attu	4,	V		
	gave rise to immediate cause (a), stoting the under-				0		0		1			
	lying couse last. (c).											
и.	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BU	T NOT	RELATED TO THE TERMIN	VAL DISEASE CON	DITION GIVEN	IN PART 1(0) 15	PERFOR	JTOPSY MED?		
Ŋ.	3 Janes	with	y pors	71	sphy 77	19700	dat	0		NO D		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO (I) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CO											
	20c. TIME OF INJURY Month, Day, Year Haur a.m. p. m.			LACE OCIOTY.	OF INJURY IHome, farm, street, office bldg., etc.)	20f. (City or tow	n)	(County)		(Slote)		
	p. m. 19		at while swork									
	21. I certify that I attended the	deceased fra	m 3-	7-	19565 to	5-15	19.57	hat I last sa	w the d	leceased		
	alive an 9-15-	1956		h ac	ourred at 9:00A							
	0 \	alive an 9 1956, and that death accurred at 9:00AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED										
1	SIGNATURE / M. d	(· /X).	Mean	100	-1725	· Centr	a At.	Cresol	الم الم	1205		
				_contract						n. I		
	PHYSICIAN'S NAME (Type) Wm. F. Will	iams, M.	. D.	pages.	122 S.	Centre :	St., Cu	mberlan	d, Mo	l.		
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c, N	IAME OF CEMETERY	OR CR	EMATORY	22d. LOCATION (C	ity, town, or c	ounty)	(State)			
	REMOVAL (Specify) Burial 5-17-195	6 R	Rose Hill	Cem		Cumber	land M	d.				
	23. FUNERAL DIRECTOR'S SIGNATURE	**	DDRESS			BY REGISTRAR		AR'S, SIGNATUR	E	~		
	Charles L. George	Cumber 1a	and Md.		Pater 1	17.1956	70.K.	trank	M.	1).		

COLUMN CO BUREAU V. S. 3861 81 YAM